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THE PREMIERS COUNCIL ON THE
STATUS OF DISABLED PERSONS
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ACTION PLAN FOR THE DISABLED IN NEW BRUNSWICK

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NORMALIZATION

"Normalization means ... A normal rhythm of the day.
You get out of bed in the morning, even if you are
Profoundly retarded and physically handicapped;
You get dressed,
And leave the house for school or work,
You don't stay home;

In the morning you anticipate events,
In the evening you think back on what you have accomplished;
The day is not a monotonous 24 hours with every minute endless.
You eat at normal times of the day and in a normal fashion;
Not just with a spoon, unless you are an infant;
Not in bed, but at a table;
Not early in the afternoon for the convenience of the staff.

Normalization means ... A normal rhythm of the week.
You live in one place,
Go to work in another,
And participation in leisure activities in yet another.
You anticipate leisure activities on weekends,
And look forward to getting back to school
Or work on Monday.

Normalization ... A normal rhythm of the year.
A vacation to break routines of the year.
Seasonal changes bring with them a variety
Of types of food, work, cultural events, sports,
Leisure activities.
Just think ... We thrive on these seasonal changes!

Normalization means ... Normal developmental experiences
Of the life cycle:
In childhood, children, but not adults go to summer camps.
In adolescence one is interested in grooming, hairstyles,
Music, boy friends and girl friends.
In adulthood, life is filled with work and responsibilities.
In old age, one has memories to look back on, and can
Enjoy the wisdom of experience.

Normalization means ... Having a range of choices,
Wishes, and desires respected and considered.
Adults have the freedom to decide
Where they would like to live,
What kind of job they would like to have, and can best perform,
Whether they would prefer to go bowling with a group,
Instead of staying home to watch television.

Normalization means ... Living in a world made of two sexes.
Children and adults both develop relationships with
Members of the opposite sex.
Teenagers become interested in having
Boy friends and girl friends.
Adults may fall in love, and decide to marry.

Normalization means ... The right to normal economic standards.
All of us have basic financial privileges, and responsibilities,
Are able to take advantage of
Compensatory economic security means,
Such as child allowances, old age pension, and
Minimum wage regulations.
We should have money to decide how to spend,
On personal luxuries, or necessities.

Normalization means ... Living in normal housing
In a normal neighbourhood.
Not in a large facility with 20, 50 or 100 other people
Because you are retarded,
And not isolated from the rest of the community.
Normal locations and normal size homes will give residents
Better opportunities for successful integration
With their communities."

- Bengt Nirje

INTRODUCTION

In many reports and publications there exists varying definitions of disabled and handicapped persons. In many instances the words are interchanged, leaving the reader in a state of confusion.

However, if the guidelines set out by the World Health Organization in 1980 are used and understood, the confusion between a disability and a handicap can be basically erased although various definitions will continue to be employed by different countries, provinces, programs, etc.

The World Health Organization states that an impairment is a loss, a malformation or abnormality of an organ, of a structure, of a function, be it mental, psychological, or anatomical. A disability is any reduction resulting from an impairment either partial or total in the capacity to carry out an activity in the manner or within limits considered normal for the average human being.

Therefore, a handicap is a social disadvantage for a given individual resulting from an impairment or disability that limits or prevents the fulfillment of social roles that are normal depending on age, sex, and socio-cultural factors for that individual.

Under the Act "Premiers Council on the Status of Disabled Persons", a disabled person is defined as:

> "one who because of physical/mental impairment including congenital or genetic abnormality, suffers absence or reduction of functional competence which substantially limits his/her ability to carry out normal daily activities".

The New Brunswick Human Rights Act established the following definition:

> Physical disability means any degree of disability, infirmity, malformation or disfigurement of a physical nature caused by bodily injury, illness or birth defect and without limiting the generality of the foregoing includes any disability resulting from any degree of paralysis or from diabetes mellitus, epilepsy, amputation, lack of physical coordination, blindness, or visual impediment, deafness or hearing impediment, muteness or speech impediment or physical reliance on a guide dog or on a wheelchair, cane, crutch or other remedial device or appliance.
>
> Mental disability means any condition of mental retardation or impairment AND any learning disability or dysfunction in one or more of the mental processes involved in the comprehension or use of symbols or spoken language OR any mental disorder.

The United Nations Declaration on the Rights of Disabled Persons states that disabled people should be able to enjoy the following rights:

1) The inherent right to human dignity.
2) The same civil and political rights as other human beings.
3) The entitlement to measures enabling self-reliance.
4) The right to all services (medical, psychological, educational, vocational, social, etc.) enabling development of skills and capabilities to the maximum.
5) The right to economic and social security.
6) The right to have special needs considered at all stages of economic and social planning.

7) The right to a "normal" home, homelife and social activities - a specialized establishment should be a last resort.

8) Disabled persons shall be protected against all exploitation, regulations and treatment of a discriminatory, abusive or degrading nature.

9) The right to legal aid for protection of their person and property and the right to have special needs taken into account in all legal proceedings.

10) Organizations of disabled people have the right to be consulted in all matters regarding their rights.

On April 9, 1985, the Honourable George F.G. Stanley, Lieutenant-Governor of the Province of New Brunswick announced in the Speech from the Throne, the initiation of a "Decade for the Disabled" in New Brunswick. The objectives for the Decade for the Disabled are:

- the development of a comprehensive community based services system able to respond to the needs of disabled persons;

- a guarantee that disabled persons will be provided the most appropriate education in the least restricted setting;

- a coordinated effort to increase employment opportunities for disabled persons.

New Brunswick is only the second province after Quebec to give formal recognition to a Decade for the Disabled.

In addition to the objectives outlined in the Speech from the Throne, the Premier's Council on the Status of Disabled Persons has outlined the following areas of concern for more immediate action:

- Develop a concrete plan of action to implement the three objectives established for the Decade of Disabled Persons in New Brunswick relating to comprehensive community based services, education and employment.

- Encourage support for some of the less developed client groups such as persons with learning disabilities, hearing impairments, head injuries, emotional disturbances, etc...

- Host a provincial conference to allow an exchange between consumers, parents, professionals, service providers and government representatives.

- Increase focus on employment related programs that are responsible for creating vocational assessment, training and/or placement opportunities for persons with disabilities.

- Develop an appropriate code of ethics for residential services involving disabled persons and encourage a range of housing options with appropriate supports on a community model.

- Follow up on the need for a provincial program that can provide items required by individuals as a direct result of disability without regards to age or income.

- Monitor the developments in the field of educational services for children with special needs.

- Continue efforts to improve the access to rehabilitation services for children with special needs in our Province.

- Higher emphasis to public awareness programs on prevention, promotion of healthy lifestyles and appropriate attitudes about disabled persons. Increased information flow to community leaders such as churches, labour groups, service clubs, etc...

- Possible funding mechanisms for accessibility renovations to buildings not lived in by disabled persons but delivering services they wish to use.

- Looking at the problem of personal transportation options for disabled persons and their families when specialized vehicles are required.

- Develop more recognition of the issues related to hidden health problems that can create hardships and needs that may not be known by the general public and/or the designers of social programs.

The Premier's Council on the Status of Disabled Persons serves as an advisory body designed to bring before government, matters of interest and concern as they affect the rights and well-being of all disabled persons living in the Province. The Council may, in its mandate, receive and hear petitions and briefs; undertake research and recommend research objectives; recommend the development of programs and program services; appoint committees; propose legislation and policy formulation; and publish reports, studies and recommendations.

Following the delivery of the Throne Speech, arrangements were made between the Premier's Office and the Premier's Council on the Status of Disabled Persons for the preparation of an Action Plan for the Decade of the Disabled. Cabinet Secretariat (Social Policy) was asked to carry out this task. It was determined that the Action Plan for the Disabled would encompass the following areas:

- the official proclamation of the Decade of the Disabled by the Premier;

- an overview of the programs and program services currently available to handicapped persons in New Brunswick;

- the departments and agencies involved in the delivery and provision of services to the handicapped;

- the development of general policy directions in conjunction with the three (3) major themes of; Community Based Services, Education and Employment;

- the identification of other general policy directions required to achieve the objectives established for the Decade of the Disabled;

- a planning approach to implement policy directions after approval by Cabinet Committee and Cabinet.

In terms of approved policy directions, the Action Plan should provide the framework for:

- the identification of needs and the establishment of realistic objectives and priorities designed to alleviate problems in a meaningful manner;
- the identification of the required coordination of program services;
- the identification of a public forum process;
- the identification of effective and efficient service delivery systems;
- the identification of a critical path or long range planning process to fulfill priorities and objectives;
- the identification of detailed resource requirements, both financial and human;
- the identification of the role of private and voluntary agencies in the coordinated delivery of programs.

The preparation and introduction of an Action Plan for the Decade of the Disabled signals the commencement of a long-term plan designed to remove impediments from the participation of disabled persons in all segments of our society, especially those segments which, to now, have not been completely accessible.

THE DISABLED

Although great strides have been made in the provision and delivery of programs and services to the handicapped population, there is very little detailed statistical information that provides a comprehensive perspective on such areas as; incidence and prevalence, nature of disability, multiple disability, degree of disability, socio-economic characteristics of handicapped persons, geographical location, etc.

For example, it is possible to realistically estimate the number of persons, living in a particular region and who have a diagnosed sight impairment. However, it is not possible to determine whether other impairments are present (multiple disabilities) or, in some cases, the severity of the disability. Similarly, there appears to be an excellent information system in place when a disability occurs due to some form of accident but not necessarily so when the disability occurs due to the onset of a disease. The same is true, in some cases, with the provision of services when there is more than one service provider.

The national, provincial and local associations that have been formed to assist in the development and delivery of services for a particular handicap represent a good source of information. However, most associations work within their own parameters, consequently there is little coordination or integration of statistical data bases that would yield an accurate provincial perspective so necessary for large scale planning purposes.

The Department of Social Services attempted in 1979 to quantify the numbers of handicapped persons in New Brunswick based on "prevalence rates" or the frequency by which an impairment occurs in a given

population. Using the internationally recognized prevalence rates of:

Mental Retardation	3.0% of the population
Physical Handicap	7.1% of the population
Visual Handicap	2.1% of the population
Hearing Handicap	6.2% of the population
Mental Illness	2.7% of the population

It was estimated that there were approximately 142,000 disabilities in New Brunswick in 1979. This represented about 20 percent of the population and extrapolated to 1985 would mean that there are approximately 144,000 residents of New Brunswick who are afflicted with impairments. However, it should be pointed out that a percentage of the effected population would have more than one impairment, thus lowering the total number of citizens who are disabled.

ESTIMATED PREVALENCE OF DISABILITIES IN NEW BRUNSWICK
BY TYPE AND DEGREE - 1979

Type of Disability	Mild		Severe		Total	
	%	No.	%	No.	%	No.
Mental Retardation	2.6	17608	0.4	2709	3.0	20317
Physical Disability	4.0	27090	3.1	20995	7.1	48085
Visual Handicap	1.9	12867	.18	1219	2.08	14086
Hearing Handicap	6.0	40635	.20	1354	6.2	41989
Mental Illness	2.5	16931	.23	1558	2.73	18489
Total Disabilities within New Brunswick	17.0	115132	4.0	27090	21.0	142222

% - percentage of the total population
No. - estimated numbers

*Department of Social Services

In terms of the total estimate, a ranking by type of disability showed that about one-third of the handicapped had physical disabilities, followed closely by those persons with hearing impairments. Mental retardation, mental illness and visual handicaps accounted for smaller segments of the disabled population.

The estimate of the number of handicapped persons is based on the following definitions:

DISABILITY -- MENTAL RETARDATION

Definition	Level of Service Required: Mild	Level of Service Required: Severe
An individual with significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior.	Some services may be necessary above those required by the general population - especially related to education and employment.	A variety of specialized services may be required - ranging from frequent to total supervision and care.

DISABILITY -- PHYSICAL HANDICAP

Definition	Level of Service Required: Mild	Level of Service Required: Severe
An individual with significantly sub-average general physical functioning, existing concurrently with deficits in adaptive behaviour	Some adaption in services may be required due to limited mobility - especially related to technical aids and access.	A wide range of technical aids and specialized services may be required, in addition, some people may require frequent to total supervision and care.

DISABILITY -- VISUAL HANDICAP

	Level of Service Required	
Definition	**Mild**	**Severe**
An individual with significantly sub-average sensory functioning, existing concurrently with deficits in adaptive behaviour.	May require some specialized services - especially relating to technical aids and education.	Less than 10% vision- thus a variety of specialized services may be required.

DISABILITY -- HEARING HANDICAP

	Level of Service Required	
Definition	**Mild**	**Severe**
An individual with significantly sub-average sensory functioning, existing concurrently with deficits in adaptive behaviour.	Hearing loss in both ears- may require some additional services - especially related to technical aids and education.	Complete loss of hearing - a variety of specialized services may be required.

DISABILITY -- MENTAL ILLNESS

	Level of Service Required	
Definition	**Mild**	**Severe**
An individual with significantly sub-average general functioning existing concurrently with deficits in adaptive behaviour.	Some services may be necessary above those required by the general population - especially related to counselling and employment.	A variety of specialized services may be required - ranging from frequent to total supervision and care.

In 1984-85, the Health Division of Statistics Canada carried out a sample survey in all provinces to determine the magnitude of the population that would be defined as disabled or handicapped. The Canadian Health and Disability Survey used a World Health Organization definition:

> "A disability is a restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being."

The disability survey followed up positive responses to the indication of a disability with a set of nineteen screening questions which centred on the capability of disabled persons to perform a range of normal activities of daily living. These activities included:

(a) walking 400 metres without resting (about 3 city blocks)?
(b) walking up and down a flight of stairs?
(c) carrying an object of 5kg. 10 metres (e.g., carrying a 12-lb. bag of groceries 30 ft.)?
(d) moving from one room to another?
(e) standing for long periods of time (e.g., more than 20 minutes)?
(f) when standing, bending down and picking up an object from the floor (e.g. a shoe)?
(g) dressing and undressing himself/herself?
(h) getting in and out of bed?
(i) cutting own toenails?
(j) using fingers to grasp or handle?
(k) reaching?
(l) cutting own food?
(m) reading ordinary newsprint (with glasses if normally worn)?
(n) seeing clearly the face of someone from 4 metres (e.g. across the room) (with glasses if normally worn)?
(o) hearing what is said in a normal conversation with one other person?
(p) hearing what is said in a normal conversation with at least two other persons?
(q) speaking and being understood?

The nature of the disability(s) was based upon the answers to the screening questions and the degree of disability was based upon the number of activities of daily living which the handicapped person was incapable of performing.

Some Disability: the respondent has trouble with at least 1 ADL, and is capable of performing all the 17 ADL's;

Moderate Disability: the respondent is unable to perform 1 or 2 of the 17 ADL's;

Major Disability: the respondent is unable to perform 3 or more of the 17 ADL's;

The results of the Canadian Health and Disability Survey indicated that in 1983-84 there were 74,000 disabled New Brunswick residents, 15 years of age and over. This represented 14.0 percent of the population 15 and over. The comparative relative distribution for Canada was 12.8 percent.

Disability Status by Sex, Age Group and Province

Persons Age 15 and Over,

Rounded to Thousands

Sex by Age Group and Province/Region	Disability Status			
	Total	Disabled	%	Not Disabled
	thousands			
New Brunswick	529	74	14.0	455
15-34 years	246	12	4.9	235
35-54 years	153	18	11.8	134
55-64 years	59	16	27.1	44
65 years and over	70	29	41.4	42
Male	258	36	13.9	221
15-34 years	122	6	4.9	117
35-54 years	76	9	11.8	67
55-64 years	28	8	28.6	20
65 years and over	31	13	41.9	18
Female	271	38	14.0	233
15-34 years	124	6	4.8	118
35-54 years	77	9	11.7	68
55-64 years	31	7	22.6	24
65 years and over	39	15	38.5	24

Source: Canadian Health & Disability Survey - Statistics Canada

In New Brunswick, the age group and sex distribution showed that the propensity towards disability, of course, increases with age and that at the younger age levels, there is virtually no relative difference by sex. At the older age levels, there are proportionately lower ratios for females but this is accounted for by the higher absolute number of the female population.

DISABILITY STATUS BY PROVINCE

Persons Age 15 and Over, Rounded to Thousands

	Disability Status		
	Total	Disabled	%
Newfoundland	418	52	12.4
Prince Edward Island	92	11	12.0
Nova Scotia	652	97	14.9
New Brunswick	529	74	14.0
Quebec	5071	584	11.5
Ontario	6913	937	13.6
Manitoba	783	109	13.9
Saskatchewan	732	116	15.8
Alberta	1742	192	11.0
British Columbia	2204	275	12.5
Canada	19136	2448	12.8

Source: Canadian Health & Disability Survey - Statistics Canada

The Canadian Health and Disability Survey showed a minor variation in the distribution of disabled persons between provinces in that New Brunswick has the third highest percentage of disabled in Canada, however, the variation between the highest and lowest ratios is very marginal.

On a national basis for which provincial distributions were not available, the Canadian Health and Disability Survey revealed the following indicators:

- As mentioned previously, there were an estimated 2,448,000 disabled persons in Canada in 1983-84 which accounted for 12.8 percent of the population 15 years of age and over. Of the total 2,448,000 disabled persons recorded in the Survey, 1,066,000 disabled persons or 43.5 percent reported 0-8 years

of public school education; 41.1 percent attended a high school; 4.5 percent had some post-secondary education; 6.9 percent had received a post-secondary certificate/diploma and 3.9 percent were university graduates.

- Of the total 2,448,000 disabled persons, 675,000 or 27.6 percent were employed; 98,000 or 4.0 percent were unemployed and 1,675,000 persons or 68.4 percent were not in the labour force. A comparison of employed disabled persons by age group with employed non-disabled persons revealed the following employment rates:

EMPLOYMENT RATES, AGE GROUPS

	Disabled %	Not Disabled %
15-34 years	48.4	64.1
35-54 years	50.4	76.5
55-64 years	27.5	56.1
65+	4.1	9.8
All Ages	27.6	62.4

- The distribution of employed disabled persons by occupation, compared with non-disabled persons showed the following ratio:

Occupation Status by Sex and Age Group

Occupation Group	Disability Status				
	Total	Disabled	%	Not Disabled	%
	thousands				
CANADA, ALL OCCUPATIONS	11,094	675		10,420	
Managerial, Admin.	964	48	7.1	916	8.8
Natural Sciences	391	12*		379	
Social Sciences	181	8*		173	
Religion	33	--		31	
Teaching	515	23	3.4	491	4.7
Medicine & Health	536	26	3.9	510	4.9
Artistic & Rec.	167	10*		157	
Clerical	1,883	104	15.4	1,779	17.1
Sales	1,137	64	9.5	1,073	10.3
Service	1,551	117	17.3	1,434	13.8
Agriculture	546	60	8.9	487	4.7
Fishing, Hunting, Trapping	36	--		33	
Forestry & Logging	72	--		66	
Mining & Quarrying	55	--		52	
Processing	385	25		360	
Machining	229	16		213	
Product Fabrication, Assembling & Repair	942	60	8.9	882	8.5
Construction Trades	626	33	4.9	593	5.7
Transportation Equip. Operation	420	26		394	
Materials Handling	287	20		267	
Other Crafts & Equip. Operating	141	10*		131	

-- Estimates too small to be expressed, i.e. sampling variability (c.v.) is greater than 25%.
* High sampling variance (c.v.: 16.5% - 25.0%); use with caution.

Source: Canadian Health & Disability Survey - Statistics Canada

- Of the total 675,000 employed disabled persons, 124,000 or 18.4 percent worked less than 30 hours per week.

- Of the total 2,448,000 disabled persons, 69,000 or 2.8 percent were full-time students.

- Of the total 675,000 employed disabled persons; 449,000 or 66.5 percent reported some disability; 112,000 or 16.6 percent reported a moderate disability; 25,000 or 3.7 percent had a major disability(s) with the balance being undetermined.

- Of the total 2,448,000 disabled persons, the statistical distributions by nature of disability estimated the following ratios:

NATURE OF DISABILITY

Disability	Number	Percent
Mobility	1,598,000	65.3
Agility	1,334,000	54.5
Visual	331,000	13.5
Hearing	634,000	25.9
Vocal	116,000	4.7
Mental	83,000	3.4

- The provincial distribution by nature of disability (only provincial statistical series available) indicated for New Brunswick that:

  - 10,000 persons have a visual disability and 8,000 persons use visual aids;
  - 19,000 persons have a hearing disability and 5,000 persons use aids;
  - 47,000 persons have a mobility disability and 11,000 persons use aids, including orthopedic footwear, prosthesis, crutches, wheelchairs, walkers, etc.

To summarize, the Department of Social Services estimated that in 1979, based on prevalence rates, there were approximately 142,000 disabilities in New Brunswick. The Canadian Health and Disability Survey has estimated that 74,000 persons were disabled in New Brunswick in 1983-84. It is difficult to support the accuracy of either total although the Statistics Canada figure is based on an actual sample survey and relates more closely to the estimated proportion of handicapped persons in Quebec and other provinces. It should also be noted that the Statistics Canada Survey does not include disabled children under the age of 15 years. It is estimated that there are approximately 5500 disabled children in the Province. Therefore, pending a more accurate provincial information base and using these existing estimates, it would seem that in New Brunswick there are between 74,000 and 79,500 persons with varying types of disabilities, some of which have multiple handicaps.

Of the estimated number of disabled persons in the Province, a proportion do not and will never require support services. It follows that the most important statistic that must be determined for any province is the actual number of handicapped persons, who by nature of their handicap, is in need of one or more support service in the areas of education, employment, community services, and related activities. It is to this group that the Action Plan is directed.

COMMUNITY BASED SERVICES MODEL

General Policy Directions

To integrate and coordinate in the Department of Health and Community Services, all program services related to Health and Community Social Services for handicapped persons.

There are approximately thirty (30) programs with numerous program services available to handicapped persons in need of assistance. These programs are now based in the Departments of Health and Social Services. However, at the present moment, coordination and integration of services appears to be a problem. Many programs and services operate as an entity with specific program objectives not necessarily related to the objectives of other program services. There also appears to be a concerted need for improved coordination and liaison between the service providers, i.e. the persons actually delivering the services.

A coordinated and integrated service delivery model based in a Department of Community Health and Social Services would exhibit the following features:

- a single entry point for accessibility to community based health and social services;
- assessment of each handicapped persons' specific needs;

- a fixed center of responsibility for the coordination and integration of services;
- a global perspective on the broad range of services available to handicapped persons;
- the development of individual program service plans for each handicapped person which can be integrated and coordinated with program service plans or objectives for educational services and post-secondary education and employment.

To integrate and coordinate based in the Department of Health and Community Services, an information service on the availability and accessibility of other government programs and services.

There are currently fifteen (15) provincial programs, some with service subsets, that are available in the New Brunswick Housing Corporation, Department of Historical & Cultural Resources, Department of Youth and Recreation and the Alcoholism and Drug Dependency Commission. However, there is no focal point at present where information on availability, accessibility, eligibility, etc. is provided for the handicapped person. Each person, who may be eligible for benefits must seek this information as best they can.

It is proposed that the service delivery model for health and social services also act as an information and referral center for these services and any others that may be available to handicapped persons.

To review and make recommendations on the utilization of a case manager to coordinate the delivery of community health and social services to the handicapped to the fullest extent feasible.

Functions carried out by a Case Manager would include initial determination of need, case planning, referral, management and follow-up. These functions would be performed at a highly skilled level, linked to a family-focused base.

Initial and on-going case planning would take in not only the client, but the client's family and the resource providers as well. A case manager, in conjunction with the client, family and resource providers, would be involved in setting out clearly stated and realistic goals with specific services to be carried out by other agencies as needed. Referral means making a routine request for services from someone else, and also having a detailed knowledge of what that resource can offer in support of the client, and being assured that that service will be available. Follow-up assures that the requisitioned services will indeed be provided in a complete and continuous fashion as long as it is required by the client.

An additional function of case management would be the basic integration and coordination of the service package to be delivered. As a coordinator, the Case Manager provides a liaison function to implement the individual plan, defines, in conjunction with service providers, the role and responsibilities of all workers involved, reviews the progress

being made, identifies required modifications of the case plan, ensures that a consistent, unified service is provided, and establishes client service teams.

The function of the Case Manager would also extend beyond the coordination of community based government services to include the coordination and liaison of services provided by service organizations/agencies and volunteer groups.

Advantages of Case Management

1) Accountability:

The consultant (Case Manager) remains at all times responsible to the client.

2) Continuity:

The consultant orientation allows for a plan which takes into account the total needs of the family on an on-going basis.

3) Informal Evaluation:

There is a built-in check and balance of services and their provision through the participation of the various service providers in the coordinating groups and the client service teams.

4) Overview:

The case manager is fully involved in the total treatment plan. He/she can see the whole perspective and is not left with a few, possibly unrelated, pieces of the puzzle. He/She can also make certain that the services provided are only those that are required, as well as make certain that services are terminated when they are no longer required so that a handicapped person is not perpetually dependent on the service system.

5) Interdisciplinary Approach

The case manager is the direct service provider and carries out the policies and program directives that are determined by the organization in consultation with all service providers and special interest or volunteer groups. The interdisciplinary wholistic approach is provided by the organization and defines the milieu in which the case manager functions.

To review and make recommendations on the development of an information data base in conjunction with a community based services model to be established in the Department of Health and Community Services.

While it is estimated that approximately ten (10) percent of the provincial population are victims of a physical/mental handicap that inhibits functional abilities, very little information is available on this population. There is limited information on the actual number of handicapped persons, their specific handicaps, their socio-economic characteristics, their place of residence, their education and employment experiences, etc. There is no coordinated information on the services they have received or the services they may require.

The Obstacles Report published by the Federal Government in 1981 made this observation:

> "Over two million Canadians are physically or mentally disabled; one-tenth of the national population. Yet, very little is known about their social and economic situation. The cost and care of these disabled persons runs into billions of dollars, yet Statistics Canada does not consider the disabled population important enough to warrant a special category in the 1981 Census questionnaire."
>
> OBSTACLES
> Report of the Special Committee on the
> Disabled and the Handicapped

The subsequent recommendation was for Statistics Canada to develop a data base on disabled Canadians. This recommendation was acted upon through the Canadian Health and Disability survey of 1983-84, also a post-census survey will be carried out in 1986. However, for any province to effectively deliver an integrated and coordinated range of services, a specific and detailed data base must be realized.

To provide for the development of a system of regular program evaluation for the services being delivered through a community based services model.

The fulfillment of program objectives and the effective and efficient delivery of program services will only be attained and maintained through the establishment of a system of regular and timely program evaluation. This program evaluation system, which would necessitate the establishment of an accurate data base, would provide for systematic collection of verifiable information on a program(s) to determine with demonstratable evidence, the benefits and results of the program and its cost-effectiveness. Program evaluation would be an essential system for the improvement of management practises and controls.

To review and make recommendations to encourage active participation of all special interest and volunteer associations involved in the delivery of services to the handicapped.

The effective and efficient delivery of a broad range of community based health and social services for handicapped persons cannot be achieved without the full cooperation and resources of the many private/volunteer agencies that exist to help handicapped persons. Service organizations such as:

- Canadian Association for the Mentally Retarded (N.B. Division)
- Canadian Mental Health Association (New Brunswick)
- Canadian Red Cross Society, N.B. Division
- Cerebral Palsy Foundation (Saint John) Incorporated
- Canadian Paraplegic association Inc. (New Brunswick)
- The Arthritis Society, N.B. Division
- Canadian Rehabilitation Council for the Disabled, N. B Branch Inc.
- The Canadian National Institute for the Blind (N. B. Division, Fredericton)
- New Brunswick Heart Foundation
- N.B. Association for Sheltered Employment
- The Canadian Diabetic Association, N. B. Division
- Saint John Ambulance, N. B. Provincial Command
- Canadian Cancer Society

- Canadian Kidney Foundation
- Multiple Sclerosis Society of Canada
- Canadian Hemophilia Society
- etc.

must be totally incorporated into the planning, target setting and direct and indirect delivery of health and social services through a community based model.

The participation of service organizations could be accomplished through provincial/regional planning boards for the delivery of health and social services, it may also take the form of contracted service providers, i.e. the government would enter into contracts with each service organization for the provision of specific services. Whatever approach is recommended, the role of this service organization must be integral to a community based model in order to enrich and complement government delivered services.

To review and make recommendations on the development of services that are not being provided at the present time using a community based model.

Although there are close to fifty (50) programs with service components that could be coordinated and integrated through a community based service model, it is important to examine the needs of handicapped persons to ensure that a comprehensive range of services - compatible with the present environment - are in fact the services best suited to successful normalization of handicapped persons in society. Existing services with questionable impact and benefit must be terminated in favor of more beneficial program services.

To make recommendations to actively promote the participation and self-determination of handicapped persons in the planning and delivery of services through a community based model.

The formation of a community based service model must take into consideration the full participation of handicapped persons, service organizations, interested groups, etc. in the planning, development, delivery and evaluation of community based services.

To make recommendations on the feasibility of a long-term plan to work towards the equitable provision of community based services for handicapped persons regardless of type of impairment or number of impairments, degree of impairment or how the disability occurred.

There appears to be a degree of inequality in the provision of services to the handicapped generated through criteria such as: age, income, type of disability, degree of severity, how the disability occurred, i.e. at birth, by accident, onset of disease. Depending on the combination of these criteria, some handicapped persons may find themselves in an advantageous position regarding access to services, special aids, income support, etc.

If a system prevails that provides better services to some handicapped persons and not to others, then the attainment of objectives designed to achieve normalization and total integration of all handicapped persons in society will be jeopardized.

To review and make recommendations to actively promote full participation and integration of a handicapped person's family in the delivery of program and support services.

The objective of an integrated and coordinated group of community based services, specifically designed to prepare each handicapped person for social autonomy must be accompanied by the full participation of family members and of acquaintances.

There is little benefit to providing a handicapped person with special communicative skills if he/she is unable to communicate with anyone other than instructors and students. In the same manner, comprehension of the use of special equipment and technical aids and of the special characteristics of the disability must extend beyond the knowledge of the user.

The Alcoholism and Drug Dependency Commission will recognize the special needs of disabled persons as they relate to any problems associated with alcohol and/or other drug abuse.

To the fullest extent possible, the Alcoholism and Drug Dependency Commission will ensure accessibility to the Treatment and Rehabilitation centres throughout the Province as it is acknowledged that a therapeutic setting is most conducive to successful treatment and rehabilitation. However, where the nature or severity of the disability prohibits in-house or day patient treatment at a therapeutic centre, the Alcoholism and Drug Dependency Commission will be asked to make arrangements for a home treatment program.

EDUCATIONAL SERVICES
ELEMENTARY AND SECONDARY

General Policy Directions

The Department of Education is the responsible department for the elementary and secondary education of handicapped students.

By the authority invested to the Department of Education in the N. B. Schools Act, the Department became the focal point for the delivery of all educational services in the public school system. This authority should apply to the education of handicapped students wherever feasible. In situations where an educational service or facility operates outside the parameters of the public school system, it should only do so with the sanction and approval of the Department of Education and must operate within the standards and guidelines established by the Department of Education.

The Department of Education will review and make recommendations on the integration of handicapped students into the regular school system to the fullest extent possible.

The "normalization process" for handicapped persons, to be integrated into the mainstream of society, must begin in the formative years and remain in place thereafter. Although in some situations, it may be impossible to place a handicapped student in the regular school system, every effort must be made to do so. In the event that this cannot be accomplished, every effort must be made to allow the handicapped student to follow a regular curriculum as set down by the Department and flexible adjustments to curriculum must be made to accommodate handicapped students depending on need Handicapped students must be encouraged to finish the public school system with a curriculum that provides, as much as possible, opportunity and access to post-secondary education and specialized employment training..

The Department of Education will review and present recommendations on the development of an "individual education plan" for each handicapped student where an individual education plan is necessary.

An "individual education plan" would be based on the individual needs of the handicapped student and the following services should be addressed:

- *for testing and assessment at three (3) years of age, under the Auxiliary Classes Act;*
- *headstart opportunities where possible at age four (4) and five (5);*
- *entry into the regular school system at age six (6);*
- *a flexible period of time to complete the public education program with the objective of achieving a high school diploma at the highest level obtainable;*
- *continuing education beyond secondary school level;*
- *full participation of parents and guardians at all levels;*
- *participation in the "CHOICES" Program;*
- *curriculum adaptation, where necessary, to account for physical/mental limitations in completing certain course requirements;*
- *special equipment and technical aids on an individual basis.*

The "individual education plan" should be part of, and coordinated with, any individual case plans prepared on behalf of the handicapped person.

The integration of handicapped persons in society depends significantly on an educational model that establishes the base for post-secondary education and career placement. However, it is not always possible for a handicapped student to follow the exact curriculum requirements of their peers or to pursue education objectives at the same pace.

A visually impaired student may have difficulty using laboratory acids in the same manner as other students, nor is it always possible for handicapped students undergoing treatment to follow the school year calendar.

Therefore, each handicapped student should have an individual education plan that is flexible in all areas but retains the objective of obtaining a high school diploma at the highest level achievable.

The Department of Education will continue to renovate existing schools to make them accessible to handicapped students as needs arise. New schools will be accessible to handicapped students as well as to the Public.

The Department's responsibility is to ensure handicapped children have the opportunity to receive educational services in a school which is accessible to them. The concept of accessibility in this case implies that the child should have access to the building, the classrooms and the washrooms in order to attend regular classes. Accessibility should also be extended to cafeterias, gymnasiums and other school facilities where design and cost parameters are feasible.

Using the concept of accessibility described in the previous paragraph, the Department is working towards provisions of accessible facilities to at least three schools in each school district one at each educational services level: elementary, secondary and high school. Providing full accessibility to old schools is very costly. On the other hand, accessibility costs for newly built schools are lower because facilities are included at the architectural planning stage. Schools built in the past five years are fully accessible and all the new facilities will allow access to handicapped children.

The Department of Education will review and present recommendations for a program of teacher training that will allow educators to provide the broadest range of educational services to handicapped students.

The fulfillment of educational objectives for handicapped students is very dependent on the ability and skills of the educator to motivate and teach the prescribed courses. Therefore, the educator in the teaching environment must be confident that he/she can cope with any obstacles related to the learning process for physically and mentally impaired students.

Also such a program of teacher training should be established within the annual operating budgets of the Department and the School Boards and should be totally coordinated with an early intervention program and the individual educational plan for each handicapped student.

The Department of Education will continue to develop the school transportation system and ensure they are adapted and accessible to handicapped students.

The Department has already reviewed its school transportation system in order to make it accessible to handicapped students. At the present time, all handicapped students are being transported to their respective schools either by regular or special education buses or through contracted conveyance.

Based on the information provided by transportation officers in the school districts, more than 50% of the handicapped children are being transported to school by using regular school buses. Regular school buses are made accessible to handicapped children when possible. Whenever children cannot be bused with regular vehicles, special buses are being used.

The Department of Education will review and present recommendations with respect to the integration into the public school curriculum of courses designed to promote the understanding and needs of handicapped persons to all students and to promote the study of ergonomics.

The normalization and natural acceptance of handicapped persons as an integral part of society must be fostered and promoted at all levels of the public school system. Students must understand the characteristics of the handicapped and must understand the communication that should take place in order for the handicapped to fulfill their role in society.

This process of acceptance and normalization, at the earliest possible ages, ensures the future success, communication, and integration of handicapped persons in society. It also ensures that the process will occur in a natural state in that pupils will, over a course in time, exhibit tendencies that break down the barriers in the relationship between handicapped students and non-handicapped pupils.

The Department of Education will review and present recommendations with respect to the feasibility of de-emphasizing special institutional learning centres, auxiliary classes, hospital schools, etc.

As the 21st Century approaches, the traditional solution of placing people in institutions, for any reason, be it, medical, criminal, educational, etc. is regarded with less favour. Institutions, regardless of modern technology, the age of structure, design, support programs etc. are looked upon as the least satisfactory solution to many problems due mainly to the loss of basic human rights which are now held in the highest esteem in our society.

This holds true for the education system which teaches students the role of citizens in society and the inalienable rights associated with being a citizen.

The Department of Education will coordinate all aspects of the individual educational plan for a handicapped student with the case planning and provision of support services that will be provided by the Community Based Health and Social Services network.

The complete integration and full participation of handicapped persons in society must be a multi-phased plan involving the community, the school, the work place. Anything less than total coordination between the three areas will seriously impede the attainment of final objectives.

The Department of Education will request and review an educational Work Plan to be prepared by all school districts with respect to the educational services being provided in each school district for handicapped students, in accordance with the standards and guidelines established by the Department of Education.

The planning of and delivery of educational services in the public school system cannot be achieved without the participation of all school boards and district staff. With the assistance of the Department of Education, each school district must evaluate the demand for special educational services for the handicapped in relation to the resources required to deliver the services. This exercise should be established in the annual operating planning cycle of both the Department of Education and the School Districts and should be highlighted in such a manner that financial expenditures for special education needs may be analyzed on an annual basis.

POST-SECONDARY EDUCATION AND EMPLOYMENT

General Policy Directions

To integrate in the Department of Advanced Education and Training and to coordinate with the Department of Labour all services related to post-secondary education, post-secondary training and labour market entry for special populations who are in need of assistance.

In line with the recommendations from the Office of Government Reform proposing a merger of post-secondary educational services with the human resources division of the Department of Labour and Human Resources, it is obvious that any meaningful effort to increase employment opportunities for handicapped persons must be focussed in this new department and the Department of Labour. It is further suggested that within this new department and the Department of Labour new policy directions for increased employment opportunities be drafted and special administrative measures be put in place to coordinate services for the handicapped.

To review and make recommendations on the utilization of a "case manager" approach to the fullest extent possible to facilitate, develop and coordinate a "package" of post-secondary education services with realistic labour market objectives which will enhance the employment of handicapped persons. This approach should be reviewed within, but not exclusively, the context of the Vocational Rehabilitation of Disabled Persons.

To facilitate the integration and coordination of post-secondary educational services with the employment of handicapped persons it is necessary to consider the case manager approach that has been proposed for the delivery of community based health and social services. This approach provides a more direct hands-on system for each handicapped person and puts in a logical perspective post-secondary educational services with realistic labour market job opportunities.

For each handicapped person, an individual program would be developed that integrates the necessary post-education and training services with an identified job opportunity and/or career choice. It may prove feasible to establish such an approach within the program scope of the Vocational Rehabilitation of Disabled Persons Act in order to take advantage of federal cost-sharing. Disabled persons and their families should be active participants in the development of their own individual program plan to the greatest extent possible and the individual program plan should be coordinated with the case planning and provision of support services that will be provided by the Department of Health and Community Services.

To make representation through the Maritime Provinces Higher Education Commission for a review by Maritime centres of higher learning with respect to:

- *the adaptation of curriculum courses in University to provide flexibility to handicapped students seeking Baccalaureate and other degrees in order to insure that persons with handicaps are able to complete degree requirements;*
- *increasing the number of handicapped students in universities;*
- *the provision of training courses for educators;*
- *the promotion of full accessibility to all facilities and events;*
- *the provision of special classrooms and technical aids;*
- *the promotion of the study of ergonomics;*
- *the development of standards and guidelines for the education of disabled persons.*

The approach by Maritime Universities to the provision of educational services for handicapped students has been independent and has been priorized within each university's scope of operations. Several universities have made outstanding contributions in certain areas directed at educating handicapped persons. However, there is a strong need for firm policy directions to be coordinated through the Maritime Provinces Higher Education Commission. MPHEC should also be responsible for the monitoring of standards and guidelines which Maritime universities will be encouraged to follow.

To review and make recommendations to the Canada Student Aid Program and the New Brunswick Student Bursary Program with respect to:

- *the provision of special bursaries/grants to allow for the participation of full-time and part-time handicapped students in the university environment. The objective being to cover to the fullest extent possible, the additional and extraordinary costs that may be associated with the education of a handicapped student. Handicapped students should not be expected to bear higher post-secondary education costs.*
- *the provision of necessary special equipment and technical aids for the home and classroom to facilitate the successful completion of a University education.*
- *the provision of reduced tuition costs or special scholarships.*

The Canada Student Loan Program currently assesses the special needs and expenses of handicapped students on a one-on-one basis. Handicapped students must document additional and extraordinary costs to Student Aid Administrators. These costs are then verified and the handicapped student must make a special appeal to be granted extra monies in the form of a Canada Student Loan. The net result is that many handicapped students incur higher than normal educational costs and therefore owe greater debts at the completion of their education. This type of financial situation deters some handicapped people from pursuing

a higher education. It is very important that handicapped students not have to bear greater financial costs than other students in full-time and part-time academic programs. However, there is a provision in the Canada Student Loan Program that the Government of Canada will not require repayment of full-time or part-time loans if the student can produce documentation proving that, because of incapacity, the loan cannot be repaid.

To review and recommend a series of program revisions to the activities of the Community Colleges in the following areas:

- *curriculum and delivery flexibility to allow handicapped students to pursue all courses to the fullest extent possible with the objective of achieving recognized degrees and diplomas;*
- *the provision of special courses designed to enhance direct entry to realistic labour market opportunities;*
- *the provision of complete accessibility to all Community Colleges facilities and events;*
- *the provision of special equipment and technical aids to facilitate the teaching of courses in the school system, the home or the work place;*

The provision of educational courses through the Community College system in New Brunswick has not directly taken into consideration the provision of special educational services for handicapped people except on an ad hoc basis. There is a major requirement that the Community College system address in the same manner as universities the post-secondary educational needs of handicapped people especially in career related courses.

To review and make recommendations with respect to the timely provision of accurate labour market analysis that is designed to provide direct access to labour market opportunities. This review to include the provision of preliminary employment counselling for handicapped persons and the feasibility of full provincial coordination with the federal government's Canadian Jobs Strategy Program.

As mentioned previously, the structure of the Canadian economy is undergoing radical change as it shifts from a resource and industrial based economy to a service orientated economy. The employment opportunities for handicapped people should increase significantly in this new era. Therefore, a much greater liaison between the opportunities in the work place and the employment capabilities of the handicapped must be established. This approach should also be coordinated wherever possible with federal employment initiatives and programs.

To review and make recommendations with respect to the provision of on-the-job training programs designed to:

- *provide permanent and temporary on-the-job training in all occupations accessible to handicapped persons;*
- *provide training for job creation opportunities in the labour market including entrepreneurial opportunities;*
- *provide training for those handicapped persons with the greatest needs;*
- *provide for industry representation in an advisory capacity at the initial planning stage;*
- *encourage the full support of trade unions and employers in the private sector;/*
- *link directly with the educational courses being offered in the post-secondary education sector;*
- *assist in the remuneration of handicapped apprentices;*
- *provide subsidies to small business employers for the expansion of business activities and the employment of handicapped persons.*

To facilitate the case manager concept, there must be a direct hands-on approach to placing handicapped persons in employment and career opportunities. Furthermore, this approach must ensure the normal progression of handicapped persons in the labour force through the upward progression to higher levels of responsibility and must also ensure a

sense of job stability as would be expected in any employee-employer relationship. The success of this approach depends on a meaningful partnership between the major actors in the labour market, i.e. employees, employers, unions, etc. but with the proviso and understanding that some handicapped employees may have marginally reduced productivity levels due to basic functional limitations.

To review and make recommendations for the implementation of an Affirmative Action Employment Plan, sponsored by the Government of New Brunswick, that encompasses the following features:

- *inclusion of Parts I, II, III, and IV of the public service;*
- *inclusion of the N. B. Electric Power Commission;*
- *staff ratios and participation rates for handicapped persons in all sectors of the labour force that clearly exhibit receding levels of employment discrimination;*
- *the provision of on-the-job training services for public sector employment;*
- *revised legislation under the appropriate statutes;*
- *annual report to the Legislature.*

The Government of New Brunswick and the component parts of the public service have not at the present moment firm policy provisions for the employment of handicapped people. Again it is an ad hoc situation. The same is true for the private sector. Major improvements in the employment of handicapped people will never take place without a very strong and visible employment action plan by Government and the provincial utility that operates under Government legislation. The Government must be clearly viewed as a leader in the employment of handicapped people and must exert to the fullest extent of its lobbying power the principles to be contained in an affirmative employment action plan.

To review and make recommendations for the implementation of an Affirmative Action Employment Plan to be based in the Private Sector which encompasses the following features:

- *the formation of an Review Board through the Premier's Council on the Status of Disabled Persons composed of members from*
  - *Government (Federal, Provincial, Municipal)*
  - *Premier's Council on the Status of Disabled Persons*
  - *Private Sector Employers*
  - *N. B. Federation of Labour*
  - *N.B.P.E.A.*
  - *C.U.P.E.*
  - *private and volunteer agencies.*
- *The Advisory Board will encourage the preparation of Affirmative Action Employment Plans by employers in the Private Sector. The Advisory Board will review Action Plans and make recommendations.*
- *Revised legislation under the appropriate statutes.*
- *Annual Report by the Review Board on private sector Employment Action Plans which will be made to an annual provincial conference on services to the handicapped sponsored by the Premier's Council on the Status of Disabled Persons.*
- *The provision of subsidies to encourage the initiation and/or expansion of business opportunities that lead to the direct employment of handicapped persons.*
- *Subsidization for on-the-job training through the Department of Labour.*
- *The Provision of special equipment and technical aids to enhance the employment of handicapped persons.*
- *The recognition of the principles of job sharing, casual employment and work done in the home environment.*
- *Training programs/seminars for private sector employers.*

Except in very few situations is there concentrated effort in the private sector to train and employ handicapped persons. The policy is ad hoc with the onus being placed on the handicapped person to make his or her way as best they can. Similarly the protection against the discrimination of handicapped persons in the work place although based in provincial statutes, should be reviewed. Since the federal government has identified the service sector of the Canadian economy and the proliferation of small business enterprises as a major force in the recovery of the economy, it is imperative that employment action plans for the handicapped transcend beyond government boundaries and the public sector of the economy.

To review and make recommendations for revisions to the Municipalities Act that will encourage accessibility renovations to all businesses that will in turn enhance employability for handicapped persons and the use of such premises as consumers.

Accessibility to many small business operations whether industrial, commercial or retail continues to be a major barrier to the handicapped who seek employment or who wish to have consumer access. The age structure of most New Brunswick communities combined with the traditional urban development patterns has caused accessibility problems to handicapped people with the exception of new, modern shopping centers and office complexes. It is obvious that the physical design of many small business enterprises does not take into consideration accessibility by handicapped people thereby creating a situation of inequity to opportunity.

To review and make recommendations relating to municipal and private transportation systems to enhance the complete accessibility and mobility of handicapped persons in urban areas.

The key to successful employment for virtually all employees in a labour force is the availability of transportation between the home and the work place. Therefore, urban transportation systems must make the greatest effort possible to accommodate the transportation needs of the handicapped within their transportation systems but only at a cost equivalent to all transportation users. There is little doubt that the lack of transportation services has provided an effective barrier to the employment of handicapped persons.

To review and make recommendations to the New Brunswick Human Rights Act and the role of the Ombudsman that totally prevents unfair discrimination against the employment of handicapped persons.

Although references to the handicapped and the disabled appear in over 150 sections of the Statutes of the Province of New Brunswick there are continuing allegations of unfair discrimination and unfair labour practices toward disabled persons. These situations cannot be allowed to exist since the negative consequences would seriously impede the successful achievement objectives of Affirmative Action Employment Plans.

To review and make recommendations with respect to an evaluation of the Sheltered Workshop Program as it currently exists in the Province. This evaluation to include:

- *demand for a supply of workshops;*
- *provision of job skills;*
- *successful entry to labour markets by participants;*
- *separation of profitable and non-profitable elements of operation;*
- *future trends;*
- *revised methods of operation.*

The Sheltered Workshop Program which was based in the Department of Social Services has grown steadily since its inception without the benefit of an objective evaluation of the goals and accomplishments of the Program. In line with recent developments in other provinces, the Sheltered Workshop Program should be accurately evaluated in order to insure that the results of the program are beneficial, are coordinated with employment opportunities outside the workshop program and exhibit a managerial approach to effective and efficient operation.

To review and make recommendations with respect to the establishment of an employment-related data bank that features:

- *full coordination with C.E.I.C. resources;*
- *current information on job opportunities for handicapped persons;*
- *identification of training requirement and resources for job opportunities;*
- *case management/counsellor follow-up;*
- *direct liaison with all employers.*
- *identification of handicapped persons with the greatest needs.*

There is currently very limited information on present and future job opportunities for handicapped persons and equally important, there is virtually no information on handicapped persons actively seeking employment. The initiation of employment action plans in the New Brunswick economy cannot proceed or be successful without an employment-related data bank for the handicapped.

To review and make recommendations for the development of a mobile demonstration project that exhibits the suitability, adaptability and productivity of handicapped persons in the work place. Demonstration project to feature:

- *mobile work centers for exhibit at trade fairs, exhibitions, conferences.*
- *observation of handicapped persons in realistic work situations;*
- *information on incentive programs for the employment of handicapped persons.*

Similar to the need for a labour market data bank, there exists a strong need for a vehicle to demonstrate the abilities of the handicapped to function in labour market occupations. Few employers know of the capability of physically/visually/hearing impaired persons to carry out many job functions that are considered as only feasible by persons with all functional abilities. The advance of technology in all fields has resulted in the development and marketing of special aids and equipment designed to allow handicapped persons to function in the work and home environment.

RESIDENTIAL SERVICES MODEL

The New Brunswick Housing Corporation is the responsible agency for the delivery of provincial housing programs and services to the handicapped and, to the greatest extent possible, facilitate the coordination and delivery of federal program services to the handicapped in those areas where both the New Brunswick Housing Corporation and the Canada Mortgage and Housing Corporation operate under Federal/Provincial Housing Agreements.

The New Brunswick Housing Corporation is the agency responsible for the New Brunswick Housing Act as is the Canada Mortgage and Housing Corporation responsible for the administration of the National Housing Act. Both corporations have operated under Federal/Provincial agreements in certain program areas.

At the present moment, CMHC is involved in the following program areas for housing services to the disabled:

Housing Technology Incentives Program: grants of up to $15,000 are available to any Canadian individual or company with practical ideas to improve housing for Canadians. Energy conservation, housing rehabilitation, and innovations to make housing more liveable for disabled persons are priorities.

Housing/Audiovisual Material: a wide selection of films and slide shows is available to the public on various subjects, including children's environments, house construction, housing for the aged, and housing for the handicapped.

Housing/publications: CMHC provides a number of publications, both free and priced, to the public. These deal with various housing-related topics, including energy conservation, metric house building, housing for the elderly, housing for the handicapped, housing standards, and housing statistics.

Housing Assistance: financial assistance is available to support the efforts of community-sponsored groups whose members take responsibility for planning and operating modest housing on their own behalf or for other families and individuals of low and moderate incomes, including the elderly, and the physically or mentally handicapped.

The New Brunswick Housing Corporation presently administers or delivers programs which fall into two major housing categories: rental housing and homeownership. The object of the rental housing programs is to assist low-income persons who cannot access adequate, affordable shelter on the private market and for whom, due to extremely low income levels, homeownership is not a viable option. The Corporation administers two programs for rental housing: the Rental Assistance Program, of which there is a subsection solely for disabled persons entitled Rental Assistance to the Disabled, and the Public Housing Program. The former provides monetary subsidies to persons in private rental accommodation and the latter provides public rental housing units to persons who meet the qualifying criteria. These programs are described below.

Those programs which fall under the homeownership category provide funds to low-income applicants for rehabilitation of units in which applicants are presently residing or in the case of units which are irreparable, provide funds for purchase or construction of new homes. In extreme situations where present living conditions are totally unacceptable, access to homeownership may be provided to applicants who could not previously enjoy this benefit. These programs involve either provincial or federal funds, but the funds can be combined for rehabilitation loans in some cases. These programs consist of loans (forgivable and repayable) to assist in home repair and include the CMHC Residential Rehabilitation Assistance Program and the NBHC Home Improvement Loan Program. Loans to provide access to homeownership are available under the provincial Basic Shelter Program and the federal Rural and Native Housing Program.

To review and recommend an organizational system whereby, for housing services to disabled persons, the New Brunswick Housing Corporation is the sole delivery agent and the "case manager system" in the Community Based Services model may provide assessment and referral function.

It has been recommended that an organizational unit for the delivery of health and community based social services be developed for the integration and coordination of these services. This approach would provide for single point accessibility, assessment of services provided, referral mechanism etc. To provide for the full integration and coordination of residential services with community based services, it is being proposed that the community based delivery model provide a screening and referral mechanism for residential services to disabled persons but that the Housing Corporation maintain full responsibility for program and service delivery including client selection.

To review and make recommendations with respect to the conversion program of existing public housing units to provide fully accessible housing accommodation for handicapped persons where cost factors, design features and geographic location make such conversions feasible.

The New Brunswick Housing Corporation administers 4273 public housing and senior citizen units for low income families and senior citizens. This portfolio is based in 162 housing projects with virtually province-wide geographical distribution.

At the present moment, 19 senior citizen units and 9 family units have been converted to accommodate disabled persons. This total of 28 units represents approximately one-half percent of the portfolio.

It is proposed that an evaluation be carried out to ascertain whether a fixed percentage (i.e. 5 percent) of the portfolio be renovated to accommodate the handicapped. This ratio would provide for approximately 215 units of accessible housing for handicapped persons over a ten year period.

This evaluation should also consider the present rent/income scale for public housing and the implications it may have for handicapped persons.

To review and make recommendations with respect to increasing the number of foster homes, group homes and private homes available throughout the Province for handicapped persons and also to review and make recommendations regarding an assistance plan for adaption/conversion of foster homes, group homes and private homes or owner occupied homes.

To achieve the objective of de-institutionalization and normalization and to achieve the integration of handicapped persons into the community, it is necessary to completely evaluate the present and future role of the foster home, group home and private home.

This type of accommodation represents the closest link to a normal community environment and at the same time, provides the necessary special services and support that may be required by one or more handicapped persons.

In line with special services and support, it is necessary to evaluate the feasibility of providing financial assistance for the physical conversion/rehabilitation of dwelling units that could be adapted for foster home and group home utilization.

To review and make recommendations with respect to the use of the federal government Cooperative and Non-Profit Programs as a means to increase the stock of specially adapted housing for the handicapped.

It is proposed that the provincial Housing Corporation review with federal housing officials, the objectives of the federal government, both in terms of numbers of units and financial commitment, for the provision of housing units for the handicapped.

To review and make recommendations with respect to making revisions to the provincial rent supplement program in order that multiple person accommodation or single person accommodation in a housing situation, other than a defined dwelling unit, are eligible for a monthly rent supplement.

Under the current regulations for the Rent Supplement Program, an eligible applicant(s) must rent and reside in a self-contained dwelling unit, be it a house, duplex, apartment, etc. It is possible for more than one person to rent self-contained accommodation and to receive individually a monthly rent supplement based on a pro-rated sharing of the monthly rent level.

It is proposed that amendments to the rent supplement program be evaluated that would make it possible for handicapped persons residing in a private dwelling unit as a partial tenant or "roomer" be eligible for a monthly rent supplement if financial circumstances dictate the necessity for assistance.

RECREATION AND CULTURAL SERVICES MODEL

The Department of Youth and Recreation announced on September 24, 1985, a revised policy for the provision of services to the Disabled and a comprehensive package of program services. The Department has viewed its special population mandate as having two major priorities:

- To promote the integration of disabled persons into regular recreation programs;
- To increase the number of disabled citizens who regularly participate in physical recreation and sport.

The policy format has been set out in three major program areas:

Program	Policy
Community Initiatives Program	To encourage and support new community initiatives to integrate disabled citizens in regular community recreation and sport. To increase the number of disabled persons who participate in physical recreation and sport programs.
Provincial and Multi-Regional Organization Support Program	To assist projects that focus on the integration of disabled people in regular physical recreation and sport programs.

Program	Policy
	To assist in the development of Provincial and Multi-Regional organizations whose goal is to integrate disabled citizens in regular physical recreation and sport activities.
	To assist in the development of organizations who are primarily concerned with integration of disabled people in regular physical recreation and sport programs.
	To increase the number of disabled persons who regularly participate in sport and recreation programs.
	To help improve the quality and range of programs focussing on the integration of disabled people in regular physical recreation and sport activities.
	To support Provincial and Multi-Regional sport and recreation programs for disabled people.
Camp Program	To provide an opportunity for disabled people to participate in physical recreational activities in an outdoor setting.

The Department of Youth and Recreation's plan for disabled persons will:

- Encourage the formation of, and provide on-going support for volunteer organizations which plan, organize and deliver sport and recreation programs with the end goal of integrating disabled people in regular recreation programs.

- Through leadership training and other educational initiatives, motivate disabled individuals, their families and organizations to assume a leadership role and responsibility to promote recreation participation in regular programs events and activities.

- Play a leadership role in providing direction and educational opportunities for recreation leaders, both professional and volunteer.

- Give direction and support to municipal governments which are recognized as being primarily responsible for recreation program and service delivery.

- Encourage and support municipalities and volunteer organizations whose policies and programs offer (a) opportunities for increased participation by the disabled, and(b) opportunities for integrated recreation participation throughout New Brunswick.

- Support municipalities and other community recreation facility owners in their efforts to make their facilities more accessible.

- Take the lead role within the provincial government in bringing together the Departments whose programs and services impact on recreation opportunities for the disabled.

- Provide for 90% of provincial consultant,s time and energy on Special Populations;

- Provide for 10% of regional consultant's time and energy on Special Populations (total of 12 regional consultants);

- Follow up the video presentation, "Let's Get It Together", through a series of seminars to generate interest in the formation of Recreation Integration Advisory Committees;

  In recognition of the need to challenge and educate disabled people and recreation service providers alike on the benefits of integrated recreation participation the Department of Youth and Recreation commissioned a video "Let's Get It Together". The Recreation Branch will coordinate the promotion and viewing of the video to involve all individuals concerned in the process of Recreation Integration.

- Provide for consultation and resources information at the provincial level through departmental provincial consultants. Regional consultants will offer these same services and programs to all areas of the province.

- Provide for $52,000 in 1985-86 for provincial level programs to:

  - promote the integration of disabled citizens into regular recreation programs;

  - increase the number of disabled citizens who regularly participate in physical recreation and sport;

- Provide for $64,000 in 1985-86 for community and regional level initiatives. This program will support:

  - The formation of Recreation Integration Advisory groups;
  - Leisure Buddy Systems;
  - Mobility Club Concept;
  - Educational Workshops;
  - Volunteer Development;
  - Recreation Demonstration Projects;
  - Instructional upgrading clinics;
  - One-time adaptive equipment and access.

- Provide for $15,000 in 1985-86 to provide an opportunity for disabled people to participate in physical recreational activities in an outdoor setting.

APPENDIX I

OBSTACLES - REPORT OF THE SPECIAL COMMITTEE ON THE DISABLED AND THE HANDICAPPED

OBSTACLES - RECOMMENDATIONS

1. Amend Human Rights Act to Protect Disabled Persons.

2. Direct Human Rights Commission to provide detailed guidelines.

3. Introduce shifting onus into the Human Rights Act.

4. Include Primary Clause within the Human Rights Act.

5. Establish Postal Vote System similar to Manitoba.

6. Cease the Policy of Centralizing Polling Places.

7. Establish orientation sessions for polling place personnel on needs of disabled voters.

8. Refer questions regarding accessibility for disabled voters to Standing Committee.

9. Amend Elections Act to reduce disqualifications because of mental illness.

10. Develop appropriate legal terms related to mental disability.

11. Change the Criminal Code provisions on "insanity" and "fitness" for trial.

12. Review the operation of Lieutenant-Governor's Warrant.

13. Encourage provinces to keep Mental Health Acts up to date.

14. Encourage provinces to include education as a basic human right.

15. Improve access to legal system for disabled persons.

16. Make human rights complaints and court actions eligible for legal aid.

17. Provide minimum wage guarantee for disabled persons employed under federal jurisdiction.

18. Monitor adult occupational centres.

19. Expand affirmative action employment programs for disabled persons in the federal government.

20. Include affirmative action progress criterion for evaluating government managers.

21. Broaden definition of "Handicapped" in special hiring practises.

22. Support affirmative action programs by providing technical aids and expertise.

23. Expand home employment for disabled persons.

24. Amend Employment Act to protect federal employees who become disabled.

25. Acquire employers under federal jurisdiction to hire disabled persons.

26. No federal contracts for private firms unless disabled persons are hired.

27. Give affirmative action board power needed to make program effective.

28. Use Section 19 of the Canadian Human Rights Act to prevent discrimination practises.

29. Establish senior advisors to Minister of Employment on needs of disabled persons.

30. Purchase more goods and services from sheltered work settings.

31. Make business grants and loans available to disabled persons.

32. Explore agricultural job opportunities for disabled persons.

33. Improve services to disabled persons at employment centres.

34. Increase coordination between government and private sector regarding employment.

35. Give higher priority to needs of disabled persons in special programs.

36. Protect employees in private industry who become disabled.

37. Replace VRDP Act.

38. Implement Affirmative Action Program in new post office legislation.

39. Establish Disability Insurance Program.

40. Expand Canada Pension to aid disabled persons.

41. Provide temporary assistance to offset costs incurred because of disability.

42. Modify CAP to aid disabled workers.

43. Provide cash allowance for personal needs to disabled in institutions.

44. Provide extended benefit period to disabled workers who are unemployed.

45. Proceed with the Pension Conference before the end of 1981.

46. Amend Income Tax Act to offset cost of disability.

47. Amend Income Tax Act to encourage home owner renovations.

48. Direct Revenue Canada to clarify tax on imported technical aids.

49. Amend Income Tax Act to encourage on-the-job training.

50. Exempt aids for disabled persons from customs duties.

51. Ensure access to information and entertainment for disabled persons.

52. Request CBC to produce radio programs for visually and print handicapped.

53. Amend Copyright Act to exempt materials needed for blind programs.

54. CRTC to require captioned programming as condition for T.V. licence.

55. Establish captioned programming center in Canada.

56. Reduce telephone rates for hearing-impaired persons who need TDD equipment.

57. Special equipment telephone for disabled be provided under basic monthly charge.

58. Equip federal offices with special telephone equipment for disabled.

59. Equip federal conference and theatre center with special equipment for hearing impaired persons.

60. National library to coordinate reading service for disabled persons.

61. Establish Canadian information resource center for disabled persons.

62. Ensure access to disabled persons to federal publications.

63. Provide captioned versions of government financed films.

64. Produce paper currency identifiable by visually-impaired persons.

65. Establish committees to advise federal organizations on needs of visually and hearing impaired persons.

66. Amend NHA to encourage independent living.

67. Make new federally funded housing accessible to disabled persons.

68. Develop housing standards which reflect needs of disabled persons.

69. Direct CMHC to provide funding and assistance for housing the disabled.

70. Provide more funds to make existing housing accessible.

71. Modify cost-sharing agreements to provide adequate rent subsidies.

72. Encourage group homes for respite care.

73. Cut red tape for disabled groups developing housing projects.

74. Encourage municipalities to improve accessibility as part of international year efforts.

75. Promote independent living over institutionalization.

76. Establish funds for demo projects in independent living.

77. Make Parliament Hill completely accessible.

78. No federal funding unless accessibility is ensured.

79. 1983 Deadline for schedule to make federal buildings accessible.

80. Consult with disabled persons when upgrading government buildings.

81. Revise national building code in consultation with disabled persons.

82. Utilize winter work programs to make buildings accessible.

83. Provide reasonable access for disabled persons to all modes of transportation under federal jurisdiction.

84. Ensure that major transportation terminals are equipped for the special needs of disabled persons.

85. Require all government funded transport equipment be accessible to disabled persons.

86. Require Roadcruiser buses in Newfoundland to have wheelchair lifts.

87. Exempt purchase of accessible buses from sales tax.

88. Require air carriers to charge only one fare for disabled + attendant.

89. Provide wheelchairs and batteries at airports.

90. Implement uniform parking policy for disabled persons at federal facilities.

91. Establish fund to alter automobiles for use by disabled drivers.

92. Direct more transportation funds to disabled persons if VTAP continues.

93. Provide greater recreational programs and information for disabled persons.

94. Integrate disabled persons into existing sports activities.

95. Develop materials on disability for teacher training course.

96. Encourage professional schools to learn about disabilities.

97. Establish sign language department in both languages at universities.

98. Provide aids to help disabled persons live independently.

99. Continue producing standards of quality for aids and devices for disabled persons.

100. Provide technical and financial assistance to groups of disabled consumers.

101. Ensure government consultation with disabled consumers.

102. Develop standards of care for long-term institutionalization.

103. Study the cost-effectiveness of de-institutionalization.

104. Ensure the presence of disabled persons as consultants or participants in federal advertising.

105. Instruct federal employees to use appropriate terms in referring to disabled persons.

106. Promote positive image of disabled persons in key areas of society.

107. Produce stamps to commemorate year of disabled.

108. Develop national policy on prevention of disabilities.

109. Give higher priority to research and develop to benefit disabled persons.

110. Strengthen academic departments to promote development of rehabilitation personnel.

111. Establish treatment and research centres for certain disabilities.

112. Ensure that Canada has sufficient rehabilitation personnel.

113. Direct Stats Canada to develop data base on disabled Canadians.

114. Establish National Advisory Body on community services for disabled Indian persons.

115. Expand the role of friendship centres for disabled native people.

116. Consider transfer of health services to Department of Indian Affairs.

117. Establish data on problems of disabled Indian and Inuit people.

118. Expand health profession opportunities for native people.

119. Educate public servants on needs of disabled native people.

120. Establish special liaison and research office for needs of disabled native people.

121. Appoint native representative to international year committee.

122. Increase financial support for national native alcohol abuse program.

123. Ensure access to rehabilitation services for status Indians.

124. Reinforce federal role in international year of disabled persons.

125. CIDA to devote more funds to prevent disability.

126. Accessibility to Canadian facilities abroad.

127. Instruct government departments to respond quickly to OBSTACLES recommendations.

128. Give priority to negotiations with Provinces.

129. Establish Cabinet-level review procedure.

130. Designate a Minister for disabled persons.

APPENDIX II

FEDERAL PROGRAMS AND SERVICES FOR THE DISABLED AND HANDICAPPED

(By Federal Department or Agency)

CANADA EMPLOYMENT & IMMIGRATION COMMISSION

Affirmative Action Program: this program is designed to remove discriminatory practices in employment and to achieve and maintain appropriate representation of minorities and women at all levels of the workplace. This program provides consultative services to industry and unions on the development of affirmative action plans that would include goals and special measures for increasing, where necessary, the representation of women, native people and disabled persons in the workplace.

Preparation for Employment: Job Corps: EIC provides individuals who are at a severe employment disadvantage with the necessary preparation and employment-related skills to help them find jobs. Existing community resources, local businesses, and government services can support the integration of severely disadvantaged persons into the labour force. This program consolidates the former Local Employment Assistance Program (LEAP), Preparation component; and Canada Community Development/Youth Job Corps pilot projects.

Employment/Wage Subsidies: ACCESS/employment disadvantaged: the Access Program stimulates the provision of employment opportunities for persons who need help in finding jobs. Employers are provided with a wage subsidy to hire individuals facing severe employment barriers or lacking work experience. This program consolidates the former Program for Employment Disadvantaged (PED), Portable Wage Subsidy (PWS) Program, New Technology Employment Program (NTEP), Canada Community Services Programs (CCSP), and Summer Canada Internships 1984.

Immigrant Settlement and Adaptation Program: In addition to the settlement services offered by the federal and provincial governments, a wide variety of settlement services are purchased by EIC from voluntary organizations across the country to help immigrants successfully adapt to life in Canada.

CANADA MORTGAGE & HOUSING CORPORATION

Housing Technology Incentives Program: grants of up to $15,000 are available to any Canadian individual or company with practical ideas to improve housing rehabilitation, and innovations to make housing more liveable for disabled persons are priorities.

Housing/Audiovisual material: a wide selection of films and slide shows is available to the public on various subjects, including children's environments, house construction, housing for the aged, and housing for the handicapped.

Housing Publications: CMHC provides a number of publications, both free and priced, to the public. These deal with various housing-related topics, including energy conservation, metric house building, housing for the elderly, housing for the handicapped, housing standards, and housing statistics.

Housing Assistance: Non-profit housing: financial assistance is available to support the efforts of community-sponsored groups whose members take responsibility for planning and operating modest housing on their own behalf or for other families and individuals of low and moderate incomes, including the elderly, and the physically or mentally handicapped.

Living Environment: CMHC undertakes studies on the planning and construction of housing and on the planning of community services for the handicapped. Films, slides, and publications are available to the public.

CANADA POST CORPORATION

Blind Persons/Free Mail Service: Letters to the Governor General, Parliamentary Library, Senators, and MPs are free. Under certain circumstances free or special rates are available for the mailing of educational films, library books, and literature for the blind.

CANADIAN HUMAN RIGHTS COMMISSION

Discrimination: The Commission administers the Canadian human Rights Act, which requires employers and employees under federal jurisdiction to provide equal access to goods, services, facilities, accommodation or employment, without discrimination because of pregnancy or childbirth, or on the grounds of race, colour, national or ethnic origin, religion, age, sex, marital status, family status, conviction for which a pardon has been granted, or disability (both physical and mental, and including alcohol or drug dependence). Harrassment on any of these grounds is prohibited. The Act also requires that men and women be paid equally for work of equal value. The Commission investigates complaints of discrimination lodged against organizations under federal jurisdiction.

CANADIAN BROADCASTING CORPORATION

TDD Information Service: Service for the Hearing impaired provides the hearing impaired with information about the CBS and its television programming by means of a Telecommunications Device for the Deaf. A hearing-impaired person who has a TDD in his or her home will be able to call the CBC Head Office Information Centre collect and receive the same kind of telephone service, in English or in French, that is provided to all other callers.

HEALTH & WELFARE CANADA

Canada Pension Plan: this is a contributory social insurance program that provides protection against the contingencies of retirement, disability, death, and divorce. The plan provides for an earnings-related retirement pension payable as early as age 65. Monthly pensions are payable to disabled contributors and dependent children. Death benefits are paid in a lump sum to the estate following the death of a qualified contributor, and survivors' benefits are payable in the form of a monthly pension for the surviving spouse and monthly benefits for dependent children. In the case of marriage dissolution by divorce or legal annulment, pension credits earned by one or both spouses during their years of marriage may be divided equally between them. Contributions made to the social insurance program of another country with which Canada has signed an agreement on social security may be used to meet the qualifying period for a Canada Pension Plan benefit. The plan operates in all parts of Canada, except in the Province of Quebec, where there is a closely co-ordinated social insurance counterpart.

Community Action: Health/information and education programs: the Health Promotion Directorate, in co-operation with provincial governments and non-governmental organizations, develops and administers health promotion and education programs, and provides training,k organizational development, and community action programs in such areas as alcohol use, drug use, tobacco use, nutrition, safety, general health, children and youth, women, the elderly, and the disabled.

Orthopedic Services/amputees: the Medical Services Branch of Health & Welfare Canada makes available rehabilitative services for amputees through counselling and the fitting, developing, manufacturing, and sale of prosthetic and orthopedic devices.

Vocational Rehabilitation Program: cost-sharing payments are made to the provinces (except Quebec) and the territories, to cover a comprehensive range of services for the vocational rehabilitation of physically and mentally disabled persons.

DEPARTMENT OF INDIAN AFFAIRS & NORTHERN DEVELOPMENT

Indian and Inuit Special Education: the Department provides funds for special tutoring and for courses, such as those offered at schools for the deaf, to meet individual training needs. Education Branch.

Adult Care: The Department provides care, support and supervision for Indian and INuit persons over 18 with reserve residency status who, by reason of age, physical or mental disability or handicap, require the assistance of a third party to perform the activities of daily living. This assistance is provided in institutions and nursing homes, and through services such as homemaker services.

NATIONAL CAPITAL COMMISSION

National Capital Commission Services: The NCC provides areas with services and equipment specifically for the disabled, including the Sarsparilla Trail and Mulvihill Lake.

NATIONAL LIBRARY CANADA

National Library Services: provides reference, information, and consultation on library services provided across Canada for the disabled and handicapped. It also provides a union catalogue of library materials for the visually and physically disabled.

NATIONAL RESEARCH COUNCIL

New Buildings/Standards: a comprehensive research program is carried out to meet Canada's needs for scientific information and knowledge in support of the construction industry. The National Research Council provides technical support for the National Building Code for Canada, the National Fire Code for Canada, the Measures for Energy Conservation in New Buildings, Building Standards for the Handicapped, Residential Standards, and the Canadian Plumbing Code.

Biomedical Engineering: The National Research Council conducts research in cardiovascular studies and ultrasonics as well as on aids to the handicapped, standards of rehabilitation, and rehabilitation technology.

PUBLIC SERVICE COMMISSION

Recruitment and Referral/Public Service: this program provides recruitment and referral services to persons with disabilities seeking employment in the federal public service.

REVENUE CANADA TAXATION

Income Tax Deductions: the Department provides information on various income tax deductions that individuals may use to determine net taxable income, including deductions for the Canada or Quebec Pension Plans; unemployment insurance premiums; registered pension plan contributions; Registered Retirement Savings Plan (RHOSP) contributions (questions on specific plans should be directed to the organization offering the plan, while questions on deductible premiums and contributions and the tax implications of the plans will be answered by the Department); annual

union or professional dues; tuition fees; child care expenses; moving expenses; alimony or separation allowances, medical expenses; and charitable donations. In addition, the Department provides information on the interest, dividends, and capital gains deduction, the deduction for people who are blind or confined to a bed or wheelchair, and the education deduction. It also answers questions on the child tax credit.

SECRETARY OF STATE

Participation Program: This program encourages non-profit voluntary groups of disabled people to promote the full participation of their members in Canadian society. Particular emphasis is placed on self-help projects.

Sign Language Interpretation: federal public servants may call on the Translation Bureau's sign language interpretation services to help them communicate with Canadians who suffer from impaired hearing.

Status of Disabled Persons Secretariat: promotes the consideration and understanding of the needs and views of disabled Canadians, favors the development of policy initiatives on issues concerning disabled persons, and co-ordinates related activity; it has no direct program responsibility. The Secretariat's scope is national through all levels of government and the private sector, and international through bodies such as the United Nations.

STATISTICS CANADA

Statistics Canada maintains statistics on beds, services, staff, and finances of hospitals, mental institutions, nursing homes, and homes for the aged; the characteristics of in-patients in hospitals and mental institutions; registered nurses; therapeutic abortions; and disabled persons. It also has detailed information on cancer, tuberculosis, and kidney disease in Canada. Statistics Canada houses the Canadian Nosology diagnosis, accidents, and medical procedures.

TRANSPORT CANADA

Parking: Elderly and Disabled Travellers: this program deals with the accessibility to elderly and disabled travellers of all forms of transportation under federal jurisdiction, including air transportation, VIA RAil, and Roadcruiser bus in Newfoundland, east coast ferries that receive federal subsidies, extraprovincial bus undertakings, and commuter rail. The program can also provide some information on urban paratransit services, vehicle identification, special parking privileges, restraint systems, and research and development.

VETERANS AFFAIRS CANADA

Disability Pensions: the Commission has responsibility for veterans' pensions as compensation for disability or death related to military service and as compensation to former prisoners of war.

APPENDIX III

PROVINCIAL PROGRAMS AND SERVICES FOR THE DISABLED AND HANDICAPPED

(By Department and Agency)

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ALCOHOLISM & DRUG DEPENDENCY COMMISSION

Treatment Services

Treatment programs available through the Alcoholism and Drug Dependency Commission of New Brunswick include detoxification, in-patient rehabilitation and out-patient services.

Detoxification services (which includes a professional supervision of withdrawal from alcohol and/or other drugs as well as a comprehensive assessment of the presenting drug dependency problem) are available for disabled persons in Moncton, Saint John, and Tracadie.

Residential rehabilitation programs - ranging in duration from 5 days (or day care where persons can return to their residences each evening) are available in Moncton and a 28-day intensive in-patient rehabilitation program is available in Saint John at the Ridgewood Treatment and Rehabilitation Centre.

Out-patient counselling services are available to disabled persons in Moncton, Saint John, Tracadie, Newcastle, and Edmundston. Such services can be utilized for the purpose of acquiring general information or any Commission offered service for assessment services, and for follow-up services for persons with a drug dependency problem.

It is difficult to project the extent to which disabled persons will access a Commission operated treatment service in 1985-86. The historical development of services to drug dependent persons has been such that access to a treatment intervention only follows after a comprehensive program of education and awareness of services offered is made available. The Alcoholism & Drug Dependency Commission of New Brunswick for the past few year, has been attempting to promote awareness to both disabled persons and groups with whom disabled persons interact - through the community services division, which is referenced in detail under that section of this report. As more awareness of available Commission treatment resources is created, it is expected there will be disabled persons whom will access same.

Community Services

Within the Community Services Division of the Alcoholism and Drug Dependency Commission there are a variety of services available to anyone wishing to access them. We are primarily concerned with the delivery of information and education in the area of drug and alcohol use to meet the end result of promoting healthy lifestyles.

We are prepared to work with any group and assist them in program development and implementation - keeping their specific needs in mind.

Within the framework of Community Services, our Special Groups program has been involved in providing education and training in the area of drugs and alcohol to disabled persons, through workshops and information sessions. From our association with such groups, a provincial advisory committee on disabled persons and their alcohol and/or other drug use has been set up. Hopefully, this committee will be assimilating information and coordinating the prevention efforts as they pertain to disabled persons.

The estimated volume of activity for 1985-86 (and possible cost) will, in many ways, depend on the direction of the advisory committee and our manpower resources at the time. Our intention is to work within existing programs already established by the disabled persons' associations, rather than create new programs.

Special Groups

The Alcoholism and Drug Dependency Commission of New Brunswick in late 1983 established a position to ensure that special groups which included women, the elderly, the disabled person and native people received educational and treatment programs to meet their needs.

An ad hoc committee was established consisting of the Co-ordinator of Special Groups, personnel of the Forest Hill Rehabilitation Centre and a staff member of the education department of the Dr. Everett Chalmers Hospital. This represented a first effort to look into the needs of the disabled person suffering from alcohol and/or drug abuse.

This Committee, after lengthy discussions, decided to organize a seminar to educate the general public and more specifically persons working with the disabled and the disabled people themselves about the effects of alcohol; prescribed and non-prescribed drugs on the disabled person; keeping in mind that many disabled persons are on prescribed drugs.

The seminar was held September 25, 1985 from 9:00 a.m. - 3:30 p.m. and was a success. Approximately 85 persons attended the seminar and the media including radio and television were on hand to cover the presentations. (see Appendix "A" for agenda).

The seminar created public awareness of the fact that the disabled person as well as the able bodied person suffered from the abuse of alcohol and other drugs.

The Alcoholism and Drug Dependency Commission followed up by establishing a Provincial Advisory Committee on Disabled Persons - Alcohol and/or Other Drugs.

Members were chosen based on their interest and expertise related to the problems concerning the disabled person (See Appendix "B" for list of members).

Terms of reference for the Committee: The Committee was established to facilitate the Alcoholism and Drug Dependency Commission in the following areas:

- Creating awareness of chemically addicted problems among disabled persons.
- Offering educational programs to staff working with the disabled persons and the disabled persons themselves.
- Improving treatment services offered to chemically addicted disabled persons.

The Committee has provided the Alcoholism and Drug Dependency Commission with a roster of trained people available to help the Commission staff when a disabled person is admitted to a Treatment Centre.

The Canadian Paraplegic Association were asked by the Committee to conduct a study on how the Alcoholism and Drug Dependency Commission's Treatment and Rehabilitation Centres could be made accessible to disabled persons. Recommendations of the study will be made to the Chairman and members of the Board of Directors of the Alcoholism and Drug Dependency Commission. New facilities such as the Moncton centre have been constructed with the capability of accommodating the disabled person.

In the area of education the Canadian Paraplegic Association staff have agreed to offer training sessions to staff of the Commission on how to best provide services to disabled persons. The first of the series was offered to staff at the Moncton Treatment Centre on April 30, 1985. The Commission is offering staff working with disabled persons as well as disabled persons themselves one day educational sessions on the effects of alcohol and/or other drugs on the body and on resources available to help the chemically addicted person. The regional one day training session was given in Fredericton on April 23, 1985. A total of approximately seventy-five persons attended these sessions. Training in this area is ongoing and will be offered throughout the Province.

Educational sessions on the topic of the use and abuse of drugs and resources available to help the chemically addicted person is being offered to summer camp counsellors who will be working with disabled persons. Counsellors will be expected, with the help of Commission staff, to offer educational sessions to disabled young persons and adults during their camp sessions.

This is a summary of the major accomplishments to date. During this fiscal year one day workshops on the effects of drugs on the body will be offered throughout the Province to staff working with the disabled persons and disabled persons themselves. Also a series of information sessions will be offered to disabled persons living at the Father J. Angus MacDonald Centre in Moncton.

Educational material and programs on the effects of alcohol, prescribed and/or non-prescribed drugs on the body will be developed for the blind, and the deaf persons in our province.

DEPARTMENT OF EDUCATION

Auxiliary Classes

1,041 pupils

To provide direct and indirect educational services to handicapped pupils under the authority of the Auxiliary Classes Act.

Homebound-Hospital Instruction

123 pupils

To provide home or hospital tutoring for pupils who are ill or disabled and unable to attend school.

APSEA - Administration and Support Services

Provides for administration, consultation, supervision, curriculum development, educational leave, Professional Committee on Learning Disabilities.

APSEA - On Campus Services

85 pupils

Provides residential schooling at Resource Centers, Amherst and Halifax for hearing handicapped or visually impaired, residential services outside Atlantic Canada; vocational/technical training; services for deaf/blind teacher education program; diagnostic services.

APSEA - Off Campus Services

399 pupils

Provides services in New Brunswick, special classes, itenerant teachers, tutors, in-service education, parent education, preschool services.

APSEA - Residential School for Learning Disabled Pupils 11 pupils

Provides tuition and transportation for students attending technical-vocational courses at Atlantic Resource Center for Hearing Handicapped.

Community Based Educational Services 96 pupils

To provide all children from the W.F. Roberts Hospital School, an education in public schools in the 1985-86 school year. The costs are related to the educational program, staff and support needs and transportation.

School Privileges

The Department of Education must provide free school privileges to children between 6 21 years of age who are not covered under either the Atlantic Provinces Special Education Authority (deaf and/or blind to age 21) or the Auxiliary Classes Act (moderately and severely mentally retarded 3-21 years).

Kindergarten, Pre-School, Day Care Programs

Pre-school consultant services are available to hearing and visually impaired children. As well, auxiliary classes are available at the age of 3 years.

Elementary and SEcondary School Programs

Less severely disabled children are integrated into the regular classroom. Special classes are available for those who cannot be integrated.

Transportation

Funding for the payment of special transportation needs of disabled students.

DEPARTMENT OF HEALTH

Pediatric Active Service Programs

Provides specialized medical service for children with chronic handicapping conditions, offered thorough various clinics and programs. (2,200 patient contacts in 85-86).

Home Care Program

Provides nursing care, health supervision and counselling in the home to prevent extended hospital stays and nursing home placements. (75,000 visits in 85-86)

Relief Care Program

Provides temporary relief to families caring at home for persons at any age who require personal are on a 24-hour basis. (7,600 bed-days in 1985-86)

Renal Dialysis Program

Provides home dialysis equipment, supplies and drugs and appropriate training in the use of the equipment to people suffering from kidney failure. (47 patients in 85-86)

Regional Physiotherapy

Provides community physiotherapy through home care program and provides consulting services in Regions I, II, III, and VI. (750 home care visits in 85-86)

Seniors' Rehabilitative Equipment Program

Provides environment and mobility equipment for people aged 65 and older. (6,804 seniors served in 84-85 - expected to escalate since new program)

Hospital Services
(including Extra-Mural Hospital)

Hospital inpatient, outpatient and at-home diagnostic and treatment services. (121,000 separations (discharges) in 85-86)

Nursing Home Services

Residential care (4,195 beds in system with virtually 100% occupancy rate in 85-86).

Seniors' Health Benefits Program

Provides benefits to seniors: injection supplies, diabetic supplies, ostomy supplies, eye care, hearing aids, foot care, orthoticséprosthetics, chiropractic care, and tracheotomy supplies. (16,700 people served in 84-85; 41,600 claims in 84-86; expected to escalate since new program).

Organ Transplant Program

Provides cyclosporin drug to patients. New Program as of January 1, 1985. (50 cases in 85-86)

Medical Services

Covers cost of physician services. (4,500,000 services in 85-86)

Prescription Drug Program

Provides coverage of prescription drugs for entitled residents 65 years of age and over and for sufferers of cystic fibrosis.

Payment of prescription drugs for individuals meeting the above criteria. The population of the target group is approximately 70,000 and generates in excess of 1,100,000 prescriptions per year.

Health Services

Coverage of supplementary drug coverage of eligible social services recipients and child welfare cases. Payment of prescription drugs for individuals meeting the above criteria. The Department of Health will pay approximately 500,000 claims in this program.

Community Mental Health

To provide the delivery diagnostic assessment and treatment services for adults and children through outreach, rehabilitation and prevention services.

- Diagnosis, assessment and treatment for adults.
- Diagnosis, assessment and treatment for children.
- Outreach travelling clinic and sub-clinic service for the extension of services in 1 and 2 above in low population areas.
- Community and Day Rehabilitation. Life skills and personal effectiveness training.

Pre-natal Screening

Medical examination and screening of expectant mothers and newborns for disabling-related conditions and diseases, as well as delivery and natal care, are provided by physicians and hospital services.

Immunization Program

Provides protection against many disabling related diseases and conditions. Carried out by community health nurses and physicians. Immunization is compulsory for all children entering school.

Centracare Saint John Inc.

Dedicated to the promotion of mental health and the provision of treatment care to the people of New Brunswick. In addition to active treatment wards, the facility provides rehabilitation services for those diagnosed as psychogeriatric, as mentally retarded and those individuals requiring rehabilitation services because of long-term psychiatric illness, mental retardation, mental disorder (age 15 and over).

Restigouche Hospital Centre (Campbellton)

Aim of this hospital is to return to the community as many people as can be supported by an integrated community mental health service. To achieve this aim they are endeavoring to establish high standards of patient assessment which include assessment of the psychiatric problem in order to provide the appropriate treatment, training and social intervention once this assessment has been completed. Mental retardation, mental disorder, chronic addiction; (ages 25 and over).

Dr. Everett Chalmers

Acute care facility involved in the rehabilitation of patients suffering disabilities caused from birth defects. Trauma, C.V.A., chronic and mental illness. Services available are physiotherapy, occupational therapy, social work, audiology and speech therapy. These services are rendered on both an in-patient and out-patient basis. Physical impairment, speech disorder, hearing impairment, mental retardation, mental disorder, chronic illness, chronic addiction; all ages.

Victoria Health Centre

Agency provides domiciliary care for male geriatrics. The occupational therapy program consists of training in activities of daily living for independence, ambulation, exercise programs both individual (re disability) and a general group each day. They provide splinting and aids where necessary. They organize activity programs (crafts, recreation, movies etc.) and outings. They provide reality orientation programs and resident council participatory music programs. The program is mainly of a maintenance type rather than active rehabilitation. But at times it is the latter most definitely. Physical impairment, visual impairment; speech disorder, hearing impairment; ages 45 and over.

Bio-Engineering Institute (University of New Brunswick)

Conducts research and development especially concerning electronic artificial limbs and other "technical aids" for the physically handicapped. Prostheses and aids are furnished for evaluation and in cooperation with local amputee clinics as patient services. Physical impairment, ages between 5 and 44.

Worker's Rehabilitation Centre of New Brunswick

Provides Rehabilitation services to the injured workmen of the Province of New Brunswick. Services provided include physiotherapy, occupational therapy, remedial gymnastics, medical, nursing, vocational rehabilitation, prosthetics and orthotics and recreation. Psychology, speech and audiology are also available from qualified practitioners in the city. Physical impairment, ages 15 and over.

DEPARTMENT OF HISTORICAL AND CULTURAL RESOURCES

Library Services

The public library system has a central collection of Talking Books for the visually impaired, although the collection is a provincial responsibility, it is presently housed at the York regional headquarters.

All five library regions pool a certain amount of money each year to add titles to the collection. In 1984-85 the amount of $3,000 was spent for this particular collection.

The visually impaired people of the province borrow from this collection through their local library. Each library has a catalogue of all titles included in the collection. The requests are sent to the York headquarters and the books are mailed to the users by the New Brunswick Library Service.

The collection now contains 2336 titles. Of these, 2217 are in English and 119 are in French. Statistics show that in 1983-84 4557 titles were borrowed and in 1984-85 the figure was 5508 titles, an increase of 21%.

Promotion and Development

Objectives: To assist in the development of the provincial craft industry.

Services Provided: Publicity for New Brunswick crafts through advertising, publishing, exhibitions, trade promotions and festivals. Coordination and control of the Northeast Craft Development Program funded by DREE and CIC.

Craft Education

Objectives: To provide and/or assist in the training and development of craftspeople.

Services Provided: Training at basic and advanced levels in various craft disciplines, such as weaving, pottery, and photography. Offering of workshops and seminars to upgrade skills.

NEW BRUNSWICK HOUSING CORPORATION

Rental Assistance to the Disabled

The Rental Assistance to the Disabled Program provides direct cash assistance on a monthly basis to low-income disabled persons to enable them to obtain adequate accommodation in the private rental market.

The disabled person must be 19 years of age or older, meet the definition of blind or disabled and be certified as disabled by a Medical Review Board of the Department of Social Services. The maximum amount of actual rent paid, which is taken into account, is presently set at $275 per month for single persons and $300 for married couples. As well, the unit must meet basic fire safety and health standards.

Public Housing

The Public Housing Program provides rental accommodation for families and senior citizens who, because of low income, experience difficulty in obtaining adequate affordable housing.

The Corporation administers a portfolio of 4,273 units of senior citizen and family public housing units located in 162 housing projects throughout the Province. Of these, 19 senior citizen units and 9 family units have been renovated to accommodate disabled persons. The Corporation will renovate where possible and to the extent possible to render a unit accessible and adequate for a disabled applicant.

Persons requesting assistance, either for a family or senior citizen housing unit are placed on a waiting list. A scoring system is used to priorize the applicants. The factors considered in this system are:

- condition of present accommodations
- income level
- present shelter cost to income ratio
- number of dependants
- asset levels (for senior citizens a maximum amount of $15,000 and $8,000 for families).

Priority is given to disabled applicants who qualify with the above criteria.

Loans for Home Repairs

Loans for home repair provide financial assistance to low-income families and individuals for the purpose of rehabilitating their housing unit to a safe and acceptable condition. In the case of a disabled applicant, repairs will be undertaken to make the accommodation accessible and suitable to the applicant's needs.

Home repair loans are provincially funded. The maximum loan to any applicant is determined in accordance with a list of allowable repairs determined by the Corporation to adequately respond to rehabilitation needs. The applicant's monthly payments are based upon the ability to repay so that the ratio of shelter cost-to-income does not exceed 30%. If monthly payments result in a situation in which the applicant would be paying greater than 30% of income for shelter cost, the Province will provide a subsidy to effectively reduce payments to 30% of income. The maximum adjusted family income required to be eligible is $15,000.

All small loans programs are aimed at serving "the worst first". A priority system which includes repairs required is utilized to priorize applications. Applications from disabled persons shall receive a priority #1 rating when the renovations are required to accommodate the disabled applicant.

Estimate of Activity 1985-86:

assuming an average loan value of $6,000 there may be approximately 1,000 loans approved.*

Estimate of Expenditures 1985-86:

$6,000,000

*Changes to this program are providing a new approach to housing problems. Therefore, it is extremely difficult to estimate the volume of activity. It will depend upon the extent and cost of required eligible repairs.

In areas of the Province with population levels of less than 2,500 the New brunswick home repair loans can be coupled with the CMHC Residential Rehabilitation Assistance Loan to yield a federal forgivable loan up to $5,000 ($6,500 for disabled applicants) repayable over a five-year period combined with a provincial loan with no maximum limit. Monthly payments are based on shelter costs not to exceed 30% of the applicant's income. In the case of monthly shelter costs exceeding 30% of income, the Province will provide a subsidy to reduce payments to 30% of income.

As noted earlier disabled applicants receive a priority #1 status for repairs on a priority system determined by the New Brunswick Housing Corporation.

Following is a brief description of the federal program referred to above (CMHC RRAP).

C.M.H.C. Residential Rehabilitation Assistance Program

The CMHC Residential REhabilitation Assistance Program is a federal program which provides funds to restore substandard housing units to acceptable standards of health and safety. The program is delivered throughout the Province, but in rural areas of the Province the New Brunswick Housing Corporation is the delivery agent for Canada Mortgage and Housing Corporation.

Loans can be partially forgivable depending on income. The maximum loan amount is $25,000 and Interest rates on repayable loan amounts fluctuate with market rates but are generally slightly lower than conventional rates. A maximum of $5,000 may be forgivable for those with adjusted incomes below $13,000. The forgivable loan portion decreases proportionally as family incomes increase. Families with incomes of $23,000 or more are eligible for repayable loans only. For physically disabled applicants, the maximum forgivable portion is $6,500 and the total loan amount is $28,000. Special provisions are made to make dwellings accessible to handicapped people.

Loans to Assist in Access to Homeownership
(previously New Construction Loans)

This program has been amended to better serve low-income applicants and will be used only as a last resort. It provides basic shelter to low-income applicants who are presently without shelter or who are living in shelter which is irreparable or severely inadequate to their needs.

Under the guidelines of this program, qualifying applicants are provided with safe, adequate shelter in the most equitable manner. There are four possible ways to service applicants:

- purchase of an existing dwelling
- purchase and repair of an existing dwelling
- purchase of a new or used manufactured or mobile home
- construction of a dwelling

Applicants are serviced on a "worst first" basis. Priorities will be based upon their present housing situation, family composition and the income of the applicant. Disabled clients will be given a priority /1 rating under this program if other qualifying criteria are met.

Repayment of the loan is based on a 30% shelter cost to income ratio. If the loan repayment results in monthly shelter costs higher than 30% of income, a subsidy is provided to bring the payments down to 30% of income.

OCCUPATIONAL HEALTH AND SAFETY COMMISSION

Responsibilities (Section 6 & 8 OHSC Act)

1. Administration of all health and safety activities associated with the enforcement of the New Brunswick Occupational Health and Safety Act and its regulations.

2. Advancing the principle that every worker is entitled to a safe and healthy work environment.

3. Promoting and understanding of, acceptance of and compliance with the OHSC Act and the Occupational Health and Safety Act.

4. Developing and conducting educational programs designed to promote an awareness of occupational health and safety.

5. Undertaking research on matters related to occupational health and safety.

6. Proposing legislation, policies and practices to promote occupational health and safety.

7. Publishing from time to time such reports, studies and recommendations as the Commission considers advisable.

Objectives

1. To eliminate the exposure of workers to health and safety hazards in the workplace and to reduce the cost of occupational accidents and illnesses in New Brunswick.

2. To ensure compliance by industry and workers with the provisions of the Occupational Health and Safety Act and its regulations, in regard to the health and safety of workers by conducting, monitoring, auditing and inspection programs.

3. To promote a high degree of safety awareness to industry and workers by conducting education programs.

4. To ensure that health and safety legislation standards remain consistent with changes in technology, industrial processes and community standards.

Health and Safety Services

- conduct inspections
- carry out monitoring
- ensure functioning of joint health and safety committees
- investigate accidents and provide technical information and support in occupational health and safety
- implement a variety of occupational health and safety education programs, with emphasis on joint health and safety committees.

Mine Safety

- Assist in the elimination of the causes of occupational accidents and disease in mining and related worksites.
- Encourage the elimination of hazards through good engineering practices.
- Monitor worksite safety policies.
- Provide guidance on health and safety matters to employers and employees.

- Promote a well-developed internal responsibility system (Joint Health and Safety Committee).
- Investigate and analyze the causes of serious accidents and injuries so as to encourage corrective actions.
- Ensure compliance with legislation.
- Ensure and audit mine rescue training.
- Review and approve related permits and plans.

Occupational Hygiene

- Ensure that the exposure of workers to chemical, physical and biological agents is limited to safe levels by legislation.
- Sampling and analyzing substances.
- Ensure compliance with Occupational Health and Safety legislation.
- Monitor the process by which occupational hygiene hazards are eliminated.
- Conduct occupational hygiene investigations and inspections.
- Provide toxicological information and technical occupational hygiene advice to workers and employers.

General Safety

- Reduce the relative frequency and severity of occupational injuries and accidents through the application of the legislation.
- Worksite inspections carried out to ensure compliance with the legislation.
- Ensure the establishment and proper functioning of Joint Health and Safety Committees.
- Conduct investigations to determine the cause of occupational injuries or accidents.
- Monitor worksite safety policies.
- Provide specialized technical information.

Forest Safety

- Assist in the elimination of occupational health and safety hazards in the forestry sector including worksite inspections.
- Provide information of a technical nature to the forestry sector.
- Promote and audit the establishment of Joint Health and Safety Committees.
- Arrange educational sessions aimed at reducing occupational accidents and hazards in the forestry sector.
- Conduct investigations to determine the cause of occupational injuries or accidents.

Health and Safety Education

- Conduct scheduled education seminars on designated and priority subjects.
- Workplace consultations on health and safety including ongoing educational activities related to Joint Health and Safety Committees.
- Implement a scheduled system of meetings with Joint Health and Safety Committees to reinforce previous education programs.
- Carry out joint (worker/employer) health and safety education sessions on safety related subjects.
- Provide an educational support to all Commission programs.

Policy, Planning and Administration

- Operation of the corporate Commission
- Provide administrative support services
- Conduct policy and legislation research
- Develop and maintain information systems
- Develop and publish health and safety information.
- Develop: guidelines; standards; manuals; procedures.

Research

- Carry out corporate policy, legislation and regulation research including development of corporate by-laws.
- Development of rules of procedure re appeals.
- Development of policy and position papers.
- From research, propose amendments to occupational health and safety legislation and regulations.

Communication and Promotion

- Develop and implement a comprehensive occupational health and safety information and awareness program by:
  - press releases
  - presentations
  - advertisements
  - brochures and pamphlets
  - newsletter, magazine articles, interviews
  - audio-visual presentations

DEPARTMENT OF SOCIAL SERVICES

Special Care Homes

Residential facilities for persons whose physical or mental abilities are limited. These homes give their residents general assistance allowing them to achieve personal tasks and activities necessary for daily living.

The Department is responsible for inspecting and licensing special care homes to ensure that standards are maintained. Financial assistance is available to individuals whose income is insufficient to cover the cost of their care, through the Financial Assistance Program of the Department.

During 1983-84 there were 345 facilities offering special care registered with the Department, with a total of 2,250 beds.

The Department maintained the special grant program to assist previously licensed home operators meet the standards of the Fire Prevention Act. A staff of Adult Residential SErvices co-ordinators provided inspection, monitoring, consultation and support services to operators throughout the Province.

Community Based Services for Special Needs Children (W.F. Roberts Hospital School)

Mission of the Project

To Plan, develop and enhance community-based services for special needs children in the Province of New Brunswick.

a) develop needed resources.
b) re-integrate into community special needs children from the William F. Roberts Hospital School.

c) to provide services for special needs children in the community not presently receiving comprehensive services. (Phase I - starting immediately - high risk children, Phase II - a gradual phasing in of a second preventative group).

Service Components

1) Information - in each community in the Province a visible government service whose function is to inform parents and professionals of services available and how to access them. Reliable, professional information will be provided in the form of pamphlets and brochures.

   - Outreach Strategy - education of public, families and professionals - comprised of staff going out to explain the service to potential users and professionals.

2) Preventative Services - are interventions to prevent further deterioration of the child's condition and possible breakdown of family and community support systems, i.e. pre-natal nutritional counselling, genetic counselling, genetic screening.

3) Case Management - one social worker remains at all times responsible to the child and the child's family in order to ensure continuity of services.
   - one person responsible for parents and child
   - case tracking
   - regular review
   - appeal procedure
   - progress reports
   - 24 hour service

4) Inter-Disciplinary Assessment - to provide an inter-disciplinary response in each region for assessment/diagnosis/co-ordination and provision of services to the special needs child, their families, and other care providers. The main goal is to provide needed service as quickly as possible to children at risk and their families. This will be a service and expertise beyond that normally available in the community. Inter-disciplinary approach provides different components so that parents need not go from place to place in one location.

- Ensures co-ordination, reduces duplication of service
- 24 hour service
- Core team - Nurse
  - Social Worker
  - Psychologist
  - Academic Diagnostician
- Co-located professionals - Pre-planned access to service
  - Speech Therapist
  - Occupational Therapist
  - Physiotherapist

5) Direct Service/Intervention - The majority of the I-team time will be spent in direct service intervention with the child and his family in the home, school, community settings, i.e. speech therapy being delivered at the school, medical services. Other aspects of this service will be the education of the child in the community school system; health care provided in the community health system.

6) Family Support - this service involves providing direct care to a child, including for example: feeding, bathing, clothing, stimulating and performing related work as required, assisting parents to maintain an appropriate environment for the child. This service will provide emotional support to the family and assist the family to develop a deeper understanding of the child's physical and emotional needs.
   - This is backed up by a 24 hour capacity to provide crisis response beds, safety net, relief care and respite care.
   - Family support workers will be available to respond to parents needs on a 24 hour a day basis.
   - These services will be in a highly visible, recognizable community setting.

7) Residential Services - to provide substitute family care in the community for children whose families can no longer cope.
   - These can be short-term or long-term care arrangements.
   - The range is foster home, therapeutic foster home, medical foster home, parent model group home, and shift model group home.

8) Special Needs Benefits - provision of support benefits to parents of special needs children for the provision of special foods, diapers, special clothing, rehabilitative equipment, medical and educational transportation.

Community Residences

The Community Residence program is provided by residential facilities licensed by the Department for the purpose of providing care, rehabilitation and therapy to adults. The objective is to facilitate maximum normality in their social and work lives. The Adult Residential SErvices regional co-ordinators throughout the Province are responsible for monitoring and supporting the quality of services provided.

Residence facilities are administered by volunteer Boards drawn from a cross-section of the community, frequently with major input from agencies such as CAMR, CMHA, service clubs, etc., with individual members bringing appropriate professional skills to the Board.

Transition Houses and Emergency Shelters

Transition Houses are residential facilities where women and their children who are victims of family violence may be assisted at times of severe distress. The are provided with a secure environment, counselling and support services to enable them to make decisions about their future re-integration in the community. Emergency shelters are residential facilities for individuals who are without recourse.

Sheltered Workshops

Sheltered Workshops are vocational rehabilitation facilities for disabled persons. The utilization of individual goal setting, support services and a controlled work environment help handicapped persons achieve or maintain their maximum potential as employees.

To improve this concept the Vocational Rehabilitation Section has undertaken two new directives. (1) The section has started doing program profiles and program audits on all 30 workshops across the Province. Together with a new set of Sheltered Training and Employment Program Standards, it is the intent to help individual workshops move in the direction of a more compensative type vocational training for the disabled persons. (2) The other directive is making available business and marketing consultation to the workshops in New Brunswick. This will help the workshops to develop better products and market these products and market these products on a more professional level.

For the disabled person the workshop provide assessment and counselling, live skills training and employment incentives. The per diem cost per participants averaged $13.12 during 1983/84.

This year the Department offered grants to 30 workshops to aid in meeting operating expenses. The workshops hired a total of 138 staff persons to provide services to 753 persons. One new workshop received a grant this year, this workshop is located in Campbellton.

Basic Assistance

A program of financial support (under the Social Welfare Act) for citizens of New Brunswick who lack the means to provide for their basic needs and the needs of their families and who have no other source of financial help. A fixed monthly allowance is given to individuals or families to meet basic requirements for food, clothing, shelter, routine transportation, fuel and utilities, household and personal effects.

Disability Assistance

To provide disability assistance to adult individuals who are eligible according to the specific criteria for blind and disabled persons established in the Social Welfare Act and Regulations with financial resources for basic need.

Emergency Benefits

To provide emergency benefits to individuals and families who are eligible for basic or disability assistance, and who are in financial emergency situations, with supplementary financial resources.

Health Services

To provide to individuals and families who are eligible for basic disability assistance, or who are children in care, with the financial resources for dental, optical, and other health services.

Community Based Services for Adult Disabled

Helps physically and mentally handicapped people join or re-enter the labour force, and helps them increase their ability to care for themselves. Services include:

- assessment and counselling to develop an appropriate rehabilitation plan;
- provision of restorative goods and services such as prosthetic devices;
- counselling and financial support to enable the disabled to take advantage of training;

- counselling and support in preparation for employment;
- referrals to agencies;
- financial support for purchase of wheelchairs and prosthetics and for rehabilitative equipment to pursue vocational training as well as tuition, board, transportation.

Program Services

- Protection services to disabled adults;
- Vocational Rehabilitation of Disabled Persons;
- Community Based Services for the Disabled;
- Centrecare/Restigouche Project;

Miramichi Rehabilitation Centre

Aim is to provide training in self-help skills. Social ability, life and workshop skills to enable the residents to live as normal a life as possible in their own communities. This is a training facility and does not provide long-term or permanent care.

Community Based Services for Seniors

Allows elderly persons to remain outside institutions by providing support services within the home. Services include, counselling services, relief care, visiting homemakers, heavy housecleaning, meals-on wheels, adult day care, transportation, friendly visiting, handy person and protective overnight services such as the buddy system, telephone reassurance and seniors sitting services.

Vehicle Adaptation

For employment-related circumstances financing is available to enable disabled people to have their private automobiles specially adapted.

DEPARTMENT OF YOUTH AND RECREATION

Provincial and Multi-Regional Organization Support Program

Objectives:

- To assist projects that focus on the integration of disabled people in regular physical recreation and sport programs.

- To assist in the development of provincial and multi-regional organizations whose goal is to integrate disabled citizens in regular physical recreation and sport activities.

- To assist in the development of organizations who are primarily concerned with integration of disabled people in regular physical recreation and sport programs.

- To increase the number of disabled persons who regularly participate in sport and recreation programs.

- To help improve the quality and range of programs focussing on the integration of disabled people in regular physical recreation and sport activities.

- To support Provincial and Multi-Regional sport and recreation programs for disabled people.

Part A

Provincial and Multi-Regional Delivery Organizations

Eligibility:

The program is designed for:

Provincial and Multi-Regional Sport and Recreation Organizations that deliver programs and events for disabled people; and

Provincial and Multi-Regional Recreation Integration Advisory Committees that:

- have executive/board members representing 4 (in the case of Provincial) or 2 (in the case of multi-regional) of the Department's established regions;
- hold a minimum of four (4) executive/board meetings yearly;
- have by-laws approved by the general membership and available to the provincial consultant of the Department upon request;
- have a membership register;
- hold an annual general meeting;
- submit an annual financial statement to the membership;
- communicate regularly with the membership;
- work toward a leadership development program for their members.

N.B. For 1986-87, Provincial Recreation Integration Advisory Committees should have board/executive members from 5 of the Department's established regions.

Applications:

A profile form outlining the organization's plans for the year is to be completed with the assistance of the Special Population Consultant and submitted to the Department's head office.

Deadline Date:

The deadline dates for submission of profile forms are April 15 or October 15.

Program Funding Guide:

Based on the profile submission, financial support will be provided to assist with costs in the following areas:

1) ORGANIZATION

AGM
Executive/board meetings
telephone
postage
photocopying and translation

2) LEADERSHIP

Educational workshops
Training of volunteers

3) PARTICIPATION

Provincial Awareness/Sensitization Projects
Demonstration Projects
Integration Projects (innovative)
Skill Development

Funding:

Based on profile submission and established levels of funding.

Part B
Advocate Agencies

Eligibility:

The program is designed for Provincial and Multi-Regional Special Populations Advocate Agencies.

Applications:

Complete the enclosed application form and submit it to the Department's head office.

Deadline Date:

The deadline dates for submission of application forms are:

February 15, 1986 (for 1985-86 fiscal year)
May 15, 1986 (for 1986-87 fiscal year)
October 15, 1986 (for 1986-87 fiscal year)

Program Funding Guide:

Financial support will be provided based on costs related to program/project proposals focussing on the integration of disabled citizens in regular physical recreation and sport activities. Funding to be allocated based on costs in the following areas:

1) ORGANIZATION

The formation of Recreation Integration Advisory Committees (Provincial/Multi-Regional)

2) LEADERSHIP

Educational workshops (recreation)

3) PARTICIPATION

- Community awareness/sensitization projects (recreation)
- Pilot projects (recreation)
- Demonstration projects (recreation)

Funding:

Financial assistance may be provided to a maximum of $3000 per organization.

Camp Program

Objective:

To provide an opportunity for disabled people to participate in physical recreational activities in an outdoor setting.

Eligibility:

The program is designed for Provincial and Multi-Regional Special Populations Advocate Agencies.

Applications:

Complete the enclosed application form and submit it to the Department's Head Office.

Deadline Date:

The deadline for the submission of applications is May 15.

Program Funding Guide:

For the purpose of this program, a camping experience should provide an opportunity to:

- learn outdoor skills;
- participate in physical recreation activities;
- interact with nature.

Under the program an organization may receive financial assistance to:

1) coordinate and promote an integrated camping experience for individual clients at New Brunswick residential camps;

2) provide a camp experience for its clientele in a camp setting within New Brunswick (residential camp or provincial park);

3) a third option exists for owner operated camp(s) with adapted facilities for physically disabled citizens.

To be eligible for assistance under (1) and (2) camps must run for five consecutive days with a minimum of twenty (20) campers.

For (3), an owner operated camp must offer a minimum of six (6) consecutive weeks of camp with a full activity schedule for participants.

Funding:

Financial assistance under (1) and (2) will be provided on the basis of $50 per camper per session to a maximum of $1,000 per organization.

Under (3), financial assistance may be provided on the basis of $150 per day of camp operation to a maximum of $8,000.

Community Initiatives Program

Objective:

To encourage and support community initiatives to integrate disabled citizens in regular community recreation and sport programs.

To increase the number of disabled persons who participate in physical recreation and sport programs.

Eligibility:

The program is designed for the following regional and local organizations:

- Municipal Recreation Departments
- Officially Constituted Recreation Councils

- Recreation Integration Advisory Committees that:

1) have been approved by the Municipality or Recreation Council to apply under the program;

2) have by-laws approved by the general membership and available to the regional consultant of the Department upon request;

3) have a membership register;

4) hold an annual general meeting;

5) submit an annual financial statement to the membership;

6) communicate regularly with the membership;

7) work toward a leadership development program for their members;

8) have a Board composed of a minimum of three members;

9) hold a minimum of three board/executive meetings yearly.

Applications:

Details of project proposals are to be submitted on the form provided with this booklet. When signed and completed send the forms to the nearest Regional Office of the Department.

Deadline Date:

The deadline dates for submission of applications are:

February 15, 1986 (for 1985-86 fiscal year)
May 15, 1986 (for 1986-87 fiscal year)
October 15, 1986 (for 1986-87 fiscal year)

Program Funding Guide:

One project per community will be funded under the program and priority will be given to:

- first time applicants;
- new projects, to integrate disabled citizens in regular community physical recreation and sport programs, that involve the largest number of the community. (i.e. other groups, organizations...)

Financial assistance will be provided, based on costs, for:

1) ORGANIZATION

The formation of:

- resource systems (e.g. to facilitate information sharing on how to integrate disabled citizens in regular physical recreation and sport programs).
- Mobility Clubs
- Leisure Buddy System
- Other

N.B. Funding for the formation of a Recreation Integration Advisory Committee to identify specific community integration problems and to develop an integration plan is available through the Community and Regional Development Branch.

2) LEADERSHIP

- Educational Workshops (e.g. to train recreation providers on the recreation integration of disabled children in community programs).
- Volunteer Development (e.g. to provide training in special skill development for recreation volunteers).
- Training Sessions (e.g. to upgrade knowledge of recreation staff re: recreation needs of disabled citizens).
- Other

3) PARTICIPATION

- Community Awareness/Sensitization Projects (e.g. to promote the value of recreation for disabled citizens).
- Demonstration Projects (e.g. to display sport or recreation skills)
- Instructional Clinics (e.g. to upgrade skills in physical recreation and sport).
- Other

Equipment:

Equipment projects are not eligible for funding under the program. However, as part of a project proposal financial assistance may be provided, as a "one time" cost item for:

Adaptive equipment (maximum $300)
Accessibility equipment (portable ramp, small renovations maximum $500)

Funding:

Financial assistance to a maximum of $2,000 per community project may be provided.

Sport Excellence

Objective: To recognize, encourage and support the pursuit of excellence in sport.

Funding: Assistance is provided in the following categories as outlined in the 1985-86 Sport Branch Budget, Policies, and Application Guidelines.

a) Out of Province Competition
b) High Performance Athlete/Coach Development
c) Provincial Team Development

Suggested Clientele: Provincial Sport Organizations recognized for funding purposes, by the Sport Branch of the Department. Applications must be made by October 1 (Winter Sports) or April 15 (Summer Sports) to coincide with the annual profile process of the Branch.

Professional Leadership Assistance Program

The Recreation Branch extended financial assistance to major provincial organizations relating to disabled persons, to cost share a staff person to promote recreational activities for their respective clientele. Currently the New Brunswick Special Olympics and the Canadian National Institute for the Blind participate in this program.

The section of the Professional Leadership Assistance Program specifically relating to Special Populations has a budget reserved amounting to approximately thirty thousand dollars. Participation is limited to the two current organizations until the Leadership program review in the Spring of 1986 has been completed.

Student Assistance

To provide financial assistance to New Brunswick residents who wish to obtain a post-secondary education but lack the necessary financial resources and to reduce the amount of Canada Student Loan debt a New Brunswick resident must incur.

- The issuance of interest-free loans to eligible full-time students enrolled at a designated post-secondary institution. The Student Aid Branch is the designated authority for administration of the Canada Student Loans Program in the Province of New Brunswick.

- Provide non-repayable bursaries to eligible students in accordance with the New Brunswick Bursary Program.

- Provide rebates on Canada Student Loan debts in excess of $3,000 on a graduated scale, for eligible students completing their first undergraduate degree.

- Provide travel bursaries to eligible francophone students to allow them to travel outside the Province if necessary to persue post-graduate studies in their own language.

- Appeal of maximum loan for disabled students.

Provincial Sport Development

1. To stimulate the growth and improvement of provincial sport associations so that participation opportunities are available to a maximum number of New Brunswick citizens, regardless of ability.

2. To play a leadership role in the creation and maintenance of strong, democratic provincial sport associations.

3. To play a leadership role in the establishment of volunteer training programs.

4. To work closely with various provincial associations to ensure that New Brunswick has a full, strong team for the Canada Games.

- To provide financial assistance to 57 volunteer provincial sport associations to help meet their administrative, competitive and program needs.

- To provide on-going direction and advice to provincial sport associations regarding administration, competition and programs through attendance at meetings, individual consultations, correspondence, telephone, etc.

- To co-ordinate the delivery of National Coaching Certification Program courses throughout New Brunswick.

Sport Services

1. To ensure provincial sport and recreation associations have an effective communication system.

2. To ensure provincial sport associations utilize proper communication and administrative procedures.

3. To produce various documents to inform the public of Department and Branch programs, services, etc.

- To provide a typing, copying and mailing service for 70 volunteer provincial sport and recreation associations.

- To provide advice and assistance on a variety of communication and administrative problems.

- To co-ordinate the production of Department and Branch publications.